OPTOMETRY CORPS

HEARINGS

BEFORE THE

COMMITTEE ON MILITARY AFFAIRS
HOUSE OF REPRESENTATIVES

SEVENTY-NINTH CONGRESS

FIRST SESSION

ON

H. R. 1699

A BILL TO ESTABLISH AN OPTOMETRY CORPS IN THE MEDICAL DEPARTMENT OF THE UNITED STATES ARMY

JUNE 28, 29, JULY 3, 6, AND 9, 1945

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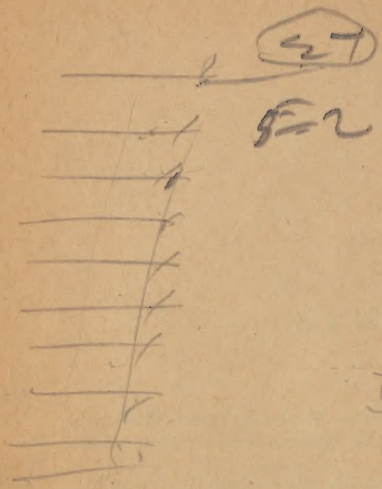

OPTOMETRY CORPS

THURSDAY, JUNE 28, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., Hon. R. Ewing Thomason presiding.

Mr. THOMASON. The committee will please be in order. The committee has under consideration this morning H. R. 1699, a bill to establish an Optometry Corps in the Medical Department of the United States Army. The bill will be inserted in the record at this point.

(H. R. 1699 is as follows:)

[H. R. 1699, 79th Cong., 1st sess.]

A BILL To establish an Optometry Corps in the Medical Department of the United States Army

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the first sentence of section 10 of the National Defense Act of June 3, 1916, as amended (U. S. C., 1940 edition, title 10, sec. 81), is amended to read as follows:

"The Medical Department shall consist of one Surgeon General with the rank of major general, two assistants with the rank of brigadier general, the Medical Corps, the Dental Corps, the Veterinary Corps, the Medical Administrative Corps, the Pharmacy Corps, the Optometry Corps, a number of enlisted men the authorized maximum of which shall be in each fiscal year such number as shall equal 7 per centum of the average annual pay strength of the active list of the Regular Army and the average strength of all other military personnel on extended active duty with the Regular Army during such fiscal year, the Army Nurse Corps as constituted by law, and such contract surgeons as are authorized by law: *Provided*, That in event of actual or threatened hostilities involving the United States the President may, within the limit of the total authorized strength of the Regular Army, authorize additional enlistments in the Medical Department to such number as he may deem necessary."

SEC. 2. There is hereby established in the Medical Department of the Army a corps to be known as the "Optometry Corps". The Optometry Corps shall consist of a number of commissioned officers equal to 7 per centum of the commissioned officers of the Medical Department. The officers of the Optometry Corps shall be in the same grades as are or may be provided by law for officers of the Medical Corps, and shall have the rank of officers of corresponding grades in the Medical Corps.

SEC. 3. Appointments in the Optometry Corps in the grade of second lieutenant shall be made from Reserve optometry officers between the ages of 23 and 32 years.

SEC. 4. To be eligible for appointment in the Optometry Corps, a candidate must be a graduate of an accredited optometry school or college and have been engaged in the practice of his profession for at least two years subsequent to graduation.

SEC. 5. (a) An officer of the Optometry Corps shall be promoted to the grade of first lieutenant after three years' service, to the grade of captain after six years' service, to the grade of major after twelve years' service, to the grade of lieutenant colonel after twenty years' service, and to the grade of colonel after twenty-six years' service.

(b) Officers of the Optometry Corps shall be examined for promotion in accordance with section 5 of the Act entitled "An Act to increase the efficiency of the Medical Department of the United States Army," approved April 23, 1908 (U. S. C., 1940 edition, title 10, secs: 101 and 102), and with the proviso in the paragraph providing for the pay of officers in the Medical Department of the Army contained in the Act entitled "An Act making appropriation for the support of the Army for the fiscal year ending June thirtieth, nineteen hundred and ten," approved March 3, 1909 (U. S. C., 1940 edition, title 10, sec. 103), except that such examinations shall be conducted by optometry examining and review boards consisting of one officer of the Medical Corps and two officers of the Optometry Corps.

(c) The Act entitled "An Act to authorize the discontinuance of professional examinations for promotion in the Regular Army of officers of the Medical, Dental, and Veterinary Corps," approved November 29, 1940, is amended to read as follows:

"That until May 15, 1945, the Secretary of War may, in his discretion, dispense with any part of the examination for promotion in the Regular Army of officers of the Medical, Dental, Optometry, and Veterinary Corps, except those relating to physical examination."

SEC. 6. The right of officers of the Optometry Corps to command shall be limited to the Optometry Corps and the Medical Administrative Corps.

SEC. 7. The first and second provisos of section 47c of the National Defense Act of June 3, 1916, as amended (U. S. C., 1940 edition, Supp. III, title 10, secs. 383, 384, and 387a), are amended to read as follows: "*Provided*, That any medical, dental, pharmacy, veterinary, or optometry student may be admitted to a Medical, Dental, Pharmacy, Veterinary, or Optometry Corps unit of the Reserve Officers' Training Corps for a course of training at the rate of ninety hours of instruction per annum for the four college years, and if at the end of two years of such training he has been selected by the professor of military science and tactics and the head of the institution for advanced training, and has agreed in writing to continue in the Reserve Officers' Training Corps for the remainder of his course at the institution, and has agreed in writing to pursue the course in camp training prescribed by the Secretary of War, he may be furnished, at the expense of the United States, with commutation of subsistence at such rate not exceeding the cost of the garrison ration prescribed for the Army, as may be fixed by the Secretary of War, during the remainder of his service in the Reserve Officers' Training Corps, not exceeding two years: *Provided further*, That any Reserve officer who is also a medical, dental, pharmacy, veterinary, or optometry student may be admitted to such Medical, Dental, Pharmacy, Veterinary, or Optometry Corps unit for such training, under such rules and regulations as the Secretary of War may prescribe:".

SEC. 8. The act entitled "An Act to amend section 10, National Defense Act, as amended, with relation to the maximum authorized enlisted strength of the Medical Department of the Regular Army," approved May 14, 1940, is repealed.

Mr. THOMASON. There will be other members of the committee coming in from time to time who are now in attendance upon other committees; but the chairman instructed me to say that the first witness this morning would be Col. Derrick T. Vail, from the office of the Surgeon General of the Army—if you will be kind enough to come around, Colonel Vail—and then representatives of the Medical Association will be heard, and then, if the committee so desires, it will later hear the Surgeon General of the Army after the proponents of the bill have been heard.

Do you desire to make any observation, Mr. Short?

Mr. SHORT. I would like to say at this point that the chairman arranged to have representatives of the War Department testify this morning, and tomorrow we will hear some other important witnesses, and I hope we can get as large an attendance tomorrow as possible and hear as many witnesses as we can. I may perhaps want to say something to summarize after we close the hearings.

STATEMENT OF COL. DERRICK T. VAIL, MEDICAL CORPS, CHIEF CONSULTANT IN OPHTHALMOLOGY, OFFICE OF THE SURGEON GENERAL

Mr. THOMASON. Colonel, please give your name and your rank and for whom you appear, and make such formal statement as you care to with reference to this bill.

Colonel VAIL. Mr. Chairman, I have a statement to present.

Mr. THOMASON. Will you first tell us your connection with the Surgeon General's office of the United States Army, and whether or not you speak for the Department, and anything else you care to tell us.

Colonel VAIL. My name is Col. Derrick T. Vail. My position in the Army is chief consultant in ophthalmology, office of the Surgeon General. In expressing the views on H. R. 1699 I represent the Surgeon General of the United States Army and the Medical Department of the United States Army.

Mr. FENTON. I wonder if the colonel has in his paper his background?

Colonel VAIL. No, sir; I have not.

Mr. THOMASON. Will you be kind enough to state for the record your professional qualifications?

Colonel VAIL. I was formerly professor of ophthalmology and head of the department of ophthalmology of the Medical College, University of Cincinnati. In that capacity I served for over 6 years. I am an ex-secretary of the section of ophthalmology of the American Medical Association; a member of the council of the American Academy of Ophthalmology, and editor in chief of the American Journal of Ophthalmology, and have been engaged in my specialty for over 22 years.

Mr. THOMASON. Of what college are you a graduate?

Colonel VAIL. I graduated from Harvard with the degree of M. D. in 1923.

Mr. THOMASON. Are you licensed and have you been a practicing physician before you were in the Army?

Colonel VAIL. Yes, sir; in the State of Ohio.

Mr. THOMASON. What place?

Colonel VAIL. Cincinnati.

Mr. THOMASON. While we are interrupted, I think I will read the report of the Secretary of War in order that we may have the ground work for your statement. It is very brief. It is addressed to Mr. Andrew J. May, the chairman of this committee, and reads as follows:

MARCH 21, 1945.

Hon. ANDREW J. MAY,
Chairman, Committee on Military Affairs,
House of Representatives, Washington, D. C.

DEAR MR. MAY: The War Department is opposed to the enactment of H. R. 1699, Seventy-ninth Congress, a bill to establish an Optometry Corps in the Medical Department of the United States Army.

This bill would create in the Medical Department of the Regular Army an Optometry Corps of commissioned officers in grades from second lieutenant to colonel, and in a number equal to 7 percent of the officers of the Medical Department. It also contemplates the establishment of Optometry Corps units of the Reserve Officers' Training Corps and an optometry section of the Officers' Reserve Corps. Included in the bill is a provision repealing the act of May 14, 1940

(54 Stat. 214), relating to the maximum authorized enlisted strength of the Medical Department of the Regular Army.

The services of optometrists are now being employed in the Army to the fullest possible extent consistent with their training. The scope of the field of optometry in the treatment of the eye is so restricted that it would not be possible to segregate an Optometry Corps and charge its members with responsibility in the field. Optometrists perform functions which are primarily mechanical and they are not trained in the recognition of pathological conditions of the eye or diseases which may present eye symptoms. Only a medical officer fully trained in ophthalmology is believed to be competent to assume an officer's responsibility for medical care of the eye. Optometrists used as such in the Army are assigned to eye clinics where their duties consist of sight testing, field-of-vision testing, and fitting of frames, under the supervision of medical officers. They are enlisted men of the Medical Department in noncommissioned grades similar to other technicians, and they render a contributing service which, in itself, does not justify commissioned status. Recognition of optometrists by granting such status would in justice dictate recognition of all other contributing services, with the result that the proportion of commissioned officers in the Army would be far in excess of the number that could be justified.

The proposed legislation is also objectionable because it proposes amendments to the National Defense Act, involving the permanent organization of the Regular Army, at a time when postwar military requirements cannot be accurately determined.

No accurate estimate of the cost of the proposed legislation can be made.

In view of the foregoing, the War Department recommends that H. R. 1699 be not favorably considered.

The Bureau of the Budget advises that there is no objection to the submission of this report.

Sincerely yours,

HENRY L. STIMSON,
Secretary of War.

Please proceed, Colonel, with your statement.

Colonel VAIL. The Medical Department is definitely opposed to H. R. 1699, a bill to establish an Optometry Corps in the Medical Department of the United States Army. There is no present need for an Optometry Corps in the Army as a separate and distinct body. The care and the treatment of the eyes by the Army is handled in the Medical Department by Medical Corps officers who have specialized in ophthalmology and are known as ophthalmologists in the medical profession. All eye care in the Army is under their direct supervision, treatment, and control. They perform all services in respect to the care of the eyes, including the direction or performing of refraction services, and carry the responsibility for proper treatment of the eyes of the men and women in the Army. They are assisted by a large number of technicians in noncommissioned grades who serve under their direction and control and for whose services the medical officer is responsible. The medical officers performing this service are specialists in the care and treatment of the eyes. Through their service, an effort is being made in the Army to give American soldiers the best care recognized in the field of medical science.

There is a wide difference between the educational background of the optometrist and the ophthalmologist. The ophthalmologist is a graduate in medicine, having had 3 to 4 years' preliminary college education, making a total of 7 to 8 years of collegiate and medical study. Following this there is a year's internship in a hospital where clinical experience is obtained in general medicine and surgery. Subsequent to this internship, it is usually customary for the doctor of medicine wishing to pursue the specialty of ophthalmology to serve as a resident for a period of from 2 to 3 years in one of the special eye hos-

pitals or centers, at the end of which time the individual is ready to pursue his specialty. While it is not compulsory, it is advantageous and customary for the individual to present himself for examinations in ophthalmology before a board called the American Board of Ophthalmology. The examinations are rigid and the standards of the diploma are very high. In summing up, therefore, the ophthalmologist is usually a college graduate and always a doctor of medicine who has devoted from 3 to 4 years in special study in his field subsequent to obtaining his medical degree before undertaking practice. The measurement of the eye in the course of this training is regarded as but a part of the study of the whole eye, its structure, its abnormalities and diseases, and its general medical relationship. With this full background of training, the measurement of the eye becomes a relatively simple matter, especially from a practical and clinical viewpoint. On the other hand, the optometrist, even in the best of the schools, may enter the study of optometry upon graduation from high school, and he receives a total of 4 years of education, including nontechnical subjects. Certain aspects of the eye are studied in this course of instruction, but the emphasis is largely devoted to measurements and physical optical principles. The facilities for study to obtain a complete knowledge of the recognition of pathological conditions within the eye are not, in my opinion, adequate. The knowledge required in mechanical study to the extent that optometrists are used in the Army could be accomplished in the period of 6 months.

It is the aim of the Army Medical Department to render opthalmic service of the highest quality, comparable to that which an intelligent and well-informed civilian would seek were he having eye trouble of any sort whatever. The eye examination which the Army has adopted is identical to that used by leading eye doctors the world over. It has been developed through years of scientific study in medical schools and by medical specialists in the care and treatment of the eyes. The method consists of a systematic series of procedures. First, the patient's complants are recorded and an attempt is made by searching inquiry to evaluate the complaints. The visual acuity of each eye is then carefully recorded. This is followed by medical inspection of the external and internal eye for evidence of disease, doubtless the most important step in the examination. Only where it is proved that no organic disease exists is the patient subjected to the regular refraction, which might be hazardous if done in the presence of certain diseases.

The refraction consists first of the instillation of a cycloplegic drug (usually homatropine or atropine) in the eyes, in order to paralyze temporarily the muscles of accommodation (focusing). This is done so that the eye may be treated as a camera, devoid of its intrinsic focusing mechanism; only then can its fundamental organic state be established. The measure of the fundamental lens requirements for an eye, when the latter is so reduced by the drug to its basic state, is a technical procedure which requires no special medical skill or knowledge. This step is preferably performed by a Medical Corps doctor specializing in the treatment of the eyes, but is largely mechanical in character, and is often turned over to technicians. It is this function which optometrists in technical noncommissioned grades perform under the direction of physicians. The last step in refrac-

tions is the postcycloplegic examination, i. e., a reexamination after the effect of the drug has disappeared. At this time the spectacle requirement is reviewed in order to determine how much of the total strength glass can be comfortably and effectively worn by the patient. The examination is concluded at this time by the opthalmologist who determines the treatment to be given and gives advice upon or approval of the refraction recommended. This, by necessity, requires the medical knowledge and experience of a physician specially trained in eye treatment. The determination of correcting lenses for the individual requires judgment based on medical experience and complete knowledge of the eye as well as of the state of the patient's physical and mental health. It is obvious, therefore, that the refraction of the human eye is not only a techincal procedure but one of medical art, judgment, and skill. In evaluating the data obtained through refraction tests the patient must be considered as an entity and not just as a pair of eyes. This is of the most vital importance in determining the proper prescription for correcting lenses. The optometrist is not qualified either by experience or education to perform the above services.

A preliminary refraction test, as indicated above, can be made without drops. This type of refraction becomes more accurate in aging patients when the natural powers of accommodation are lost. In the Army age group, however, drops are necessary and one will rarely find a soldier wearing glasses today who has not had at least one refraction under drops. Optometrists are forbidden by law to use drops. They have had no experience with this technique and can only assist the Medical Corps officer in this step of the examination. The practice of optometry includes the measurement and examination of the eye without the use of drugs, medicines, or surgery. This is provided in the laws of practically every State. It means that in their training and in their practice they have not engaged in the type of study or experience which fits them for the type of eye care given in the Army. While they may assist from the standpoint of measurement and obtain data upon which a prescription may be filled, they can do this only in association with a Medical Corps officer who is trained in the broader functions.

The great rush in eye consideration of the millions of men entering military service has subsided to a marked extent. There is, of course, an immense amount of eye work being constantly conducted by the Medical Department of the Army and will continue to be. The organization, however, is much more perfected than in its beginning stages. More doctors with specialized training in eye care have been secured and their services more efficiently utilized. The Medical Corps officers who have specialized in eye care are performing those services rather than other medical work today. The supply is more nearly adequate to provide expert medical care for those now requiring new eye treatment or reexamination, and an attempt is being made to give each American soldier the best that the Americal medical profession has to offer in eye care. The aid of technicians will continue to be used, but primarily as assistants to Medical Corps officers.

In the February 1945 issue of the Journal of the American Optometric Association the statement was made by the president of the American Optometric Association, Inc., that—

The Army Medical Department, by necessity, was forced to use the skills of optometrists in visual care, but it still refuses to accord them any professional recognition.

The truth of this statement depends upon what is meant by the term, "visual care." If the meaning is narrowed to mean the work of refraction, the statement is true because, as explained above, the assistance of optometrists in noncommissioned grades to perform refractions was used substantially and is still as used in a lesser degree by the Army.

However, the Army Medical Corps interprets visual care in a broader sense than do the optometrists. It includes the complete examination of the eye for its normal and abnormal function, for its many congenital and acquired diseases, and for its complex and serious affections resulting from injuries. Visual care likewise includes giving authoritative advice regarding preventive measures against radiant energy, vitamin deficiencies, infectious diseases, rehabilitation of the blinded soldier. It also includes the evaluation of the individual as a patient. The eyes are not regarded as isolated properties of an individual, but are looked upon as a part of the human mechanism in its entirety. Finally, visual care includes all forms of medical and surgical eye treatment.

The optometrists consistently refer to visual care as the service which they perform in respect to the eyes. This is highly misleading because visual care commonly includes in public thinking the entire and complete treatment of the eyes. An unwitting public may well believe they are receiving a much broader consideration of their eye problems than is in fact given by the optometrist whose training, scope of action, and function are confined to very narrow limits. This function consists of refracting without drops, dispensing of spectacles, and other quasi pseudo scientific treatments of the eye, which are only incompletely recognized by the medical profession. As explained above, refraction is a technical process and when done under the supervision of a physician requires no more than the mechanical application of a technique. Therefore, the visual care exercised by the optometrist is not, by any stretch of the imagination, equivalent to the visual care provided by the ophthalmologist which is regularly employed in the Medical Department of the Army. The public is much confused by the use of the term, "eye specialist," commonly employed by optometrists. In reality, regardless of the scope and length of the course given at the various schools of optometry, many of which are substandard, the Army uses optometrists only as technicians working under ophthalmologists, and for all practical purposes of the Army, any enlisted man with ordinary intelligence could be taught within a period of 6 months to provide technical assistance to the physician commensurate with that of an optometrist. The Army is making use of optometrists to perform those functions which may properly be entrusted to them in order to give proper attention to our soldiers' eyes. The optometrists have performed a very worthwhile service and in resisting their request for commissions it is not desired to minimize their usefulness as assistants to commissioned medical officers. The character of their work must, however, not be confused with the functions performed by the medical doctor specializing in the care of the eyes. The work of the optometrist is basically of a mechanical type which involves testing and reporting of findings,

but does not involve the use of professional study or judgment carried on by the medically trained officer. The work performed by optometrists is definitely not the kind of work nor does it carry the responsibility which justifies officer status.

In almost every case where an optometrist has had the privilege of working under an ophthalmologist in the Army, the experience has been of tremendous value to him. Many become aware for the first time of the many factors really involved in visual care. The opportunity to study and to learn the importance of refracting under cycloplegic, as well as to see and recognize ocular pathology of all types, is a contribution to his knowledge which he could never have had either in his school of optometry or in his years of optometric practice after graduation. To perform the character of service which they render as technicians in the Army obviously requires the direct supervision of Medical Corps officers.

The establishment of commissioned rank for optometrists who assist Medical Corps officers in performing eye refractions is regarded by the Medical Department as totally unwarranted unless it should be determined also to grant commissions to literally thousands of other specialists and technicians now serving in noncommissioned grades in the Medical Department of the Army. To grant commissions to the optometrists and not to do so for the vast number of other well trained and highly specialized servicemen would be grossly unfair and would create a general discontent among the many soldiers serving in noncommissioned grades who are performing skillful and technical services. From time to time efforts have been made and often great pressure exerted to commission special groups who are rendering a technical and valuable service in the Army but not of the type justifying commissioned status. To yield to these various demands would make an Army of officers with but few men in the ranks. To discriminate between them and give one group of technicians officer status and not another would have a very bad effect upon morale and upon the services of those to whom commissioned status was not given.

In respect to these various groups, the Army may utilize all of their technical training or only part of it, as is the case with the optometrists. Certain parts of the work commonly employed by civilian optometrists is not recognized as proper scientific treatment by medical men who specialize in eye care. As illustrative of the various groups serving in noncommissioned grades are X-ray technicians, laboratory technicians, podiatrists, psychiatric social workers, and pharmacists. Many of these have college degrees or graduate degrees. They all render a contributing service which, although essential and important in the medical program, does not involve the kind of work or responsibility which justifies commissioned status. The Medical Department has perhaps more of its enlisted personnel engaged in specialized work involving skills and techniques than most other services. Even the litter bearers and company aide men are trained so as to perform quite technical services in emergency situations. Their training and study in the Army requires an intelligent and capable group of men. Many are educated in civilian life considerably more than the services they perform require. This, however, is also true in many other services.

It is believed that it would be unwise, therefore, to expand the granting of commissions to include all groups performing services

involving technical training in over-all Army organization. Technical noncommissioned grades have been established to include this wide number of men engaged in specialized service. The optometrists fit into this organization the same as the groups mentioned above. The Army definitely opposes the granting of commissions to optometrists. The Medical Department is appreciative of the services rendered by them and other groups. Their services have been extensively utilized. They are commended for their worth-while contribution in the conduct of the war. With full recognition of the vital part which the men in technical grades are playing in the Medical Service of the Army, it cannot be recommended that those performing these technical services should be commissioned. With respect to this group of optometrists serving as technicians, definite opposition is expressed to the proposed legislation which would give them commissioned status.

Mr. THOMASON. Are there any questions, Mr. Brooks?

Mr. BROOKS. No questions, Mr. Chairman.

Mr. ANDREWS. What would be your reaction to the following statement [reading]:

1. Optometrists are being "used" in the Army to perform the following duties:
   (*a*) Doing refractions.
   (*b*) Testing vision.
   (*c*) Interpreting and writing ocular prescriptions.
   (*d*) Recognizing pathological symptoms.
   (*e*) Correlating visual findings to analyze the function of seeing.
   (*f*) Adjust and adapt the prescribed glasses to the patient.

2. The real need for optometry and its professional scientific services in the Army is proven by the fact that over 2,000,000 men now busily engaged in active service depend on visual corrections to help them carry out their duty.

3. Under present Army regulations the optometrists are working under the guise of medical supervision. This is stated from actual experience working as an optometrist in the Army. The common practice is for the optometrist, who is a private, corporal, or sergeant, to affix the supervision officer's name to the record. This is the extent of the supervision. The majority of these officers are trained in medicine and surgery. These physicians have little or no training in the ocular function or refraction. It is obvious, therefore, that we should provide for the optometrist who does the work for which he is completely qualified. Optometry has much to offer to the serviceman.

Are all those functions being carried out by the optometrists in the Army?

Colonel VAIL. Some of those functions you can say are being carried out by the optometrists in the Army. However, I would object strenuously to the statement that they are making diagnoses of pathological ocular conditions, disease conditions, or that they are as a general rule allowed to exercise their judgment on the final prescription for glasses given to the soldier.

Was part of the question that they were being utilized in group studies?

Mr. ANDREWS. Yes.

Colonel VAIL. Well, I cannot answer that entirely; I do not know. There are some studies being conducted at the present time on shop analysis in its embryonic state. It is very possible that the services of optometrists are being used as assistants and aids in the conduct of the study. But no matter what the optometrist does in his work, he is under the supervision of the medical officer in charge of the clinic.

Mr. ANDREWS. How many men in the armed forces would you say were in need of some kind of physical correction of the eyes? Do you have any figures on that?

Colonel VAIL. Yes, sir. The present figures are 18 percent.

Mr. ANDREWS. That would be about 2,000,000 men?

Colonel VAIL. Roughly.

Mr. ANDREWS. Is it true that a common practice is for an optometrist to be a private, corporal, or sergeant and to make examinations and then sign the officer's name?

Colonel VAIL. I am not able to say that that is done. If it is done, it is contrary to the rules.

Mr. ANDREWS. Do you know whether or not it is done?

Colonel VAIL. No, sir; I have never seen it done in all my experience.

Mr. ANDREWS. What is the common practice?

Colonel VAIL. The common practice is for the optometrist to do a preliminary refraction, to report his findings to the ophthalmologist in charge, who may or may not review the optometrist's work, and either agree to the proposed prescription that the optometrist suggests, or not; and in a case where the ophthalmologist does not agree, the ophthalmologist himself will alter the prescription to the one which, in his judgment, satisfies the individual requirement.

Mr. ANDREWS. Is it not true that in 9 out of 10 cases the private, corporal, or sergeant, who is an optometrist, affixes the officer's name?

Colonel VAIL. No, sir; that is not true.

Mr. ANDREWS. That is all.

Mr. SHORT. I have several questions to ask, but I will pass and let other members of the committee ask any questions they desire.

Mr. STEWART. I would like to ask some questions.

Colonel, how many optometrists are in the Army who have received commissions in other lines outside of the medical profession?

Colonel VAIL. I am unable to answer that. Colonel Hall, here, personnel officer, can probably answer that.

Colonel HALL. No, sir; I cannot tell you how many have been commissioned in lines other than the Medical Department.

Mr. STEWART. How many have been commissioned in the Medical Department?

Colonel HALL. Approximately 480 optometrists have been inducted into the Army. I cannot give you today the number that have been commissioned in the Medical Department. I will try to ascertain that for you.

Mr. STEWART. Is it the practice of the Medical Corps to utilize optometrists in the correction of the eyes?

Colonel HALL. As stated before, Mr. Stewart, we use them as technical assistants. We do not use them as officers in that capacity, necessarily. We may if they come through the Medical Department officer candidate school, as other technicians sometimes do, when they are commissioned with officer status in the Medical Department and used.

Mr. SHERIDAN. Colonel as a matter of fact, is it not the policy of the War Department to have optometrists in charge of these field refraction units to examine and fit glasses to men in the field?

Colonel VAIL. I suppose you mean what we call our mobile optical unit?

Mr. SHERIDAN. That is exactly what I mean.

Colonel VAIL. It is designed primarily to repair or replace broken glasses, not for refractions.

Mr. SHERIDAN. That may be the primary purpose, but what is the actual purpose?

Colonel VAIL. Only on occasion, in case there is an optometrist in the mobile optical unit. In many units we have none. They are opticians. In the event that the services of refractionists are needed in the field and it is impossible for an individual to get to an eye center—it may be either a hospital or dispensary—only in those cases does the optometrist step in and do the entire work.

Mr. SHERIDAN. What would you say the relative percentage was in optometrists operating in these field units?

Colonel VAIL. It will be a very wild guess as to the number.

Mr. SHERIDAN. Don't you think you should have a rather close guess, Colonel?

Colonel VAIL. We can supply you with that information.

Mr. SHERIDAN. Is there anybody here who does have that information?

Colonel VAIL. I could not answer, unless Colonel Hall knows the answer to it.

Colonel HALL. Major Gunther has some information.

Mr. THOMASON. We cannot go into that now. You may supply the figures for the record tomorrow morning.

Mr. SPARKMAN. I have a couple of brief questions, Colonel. For the benefit of the record I wonder if at this point you will define for us, in terms, "optometrist," "optician," and "ophthalmologist"?

Colonal VAIL. Yes, sir.

Mr. THOMASON. Why not prepare that information and have it ready tomorrow morning?

Mr. SPARKMAN. Very well.

Mr. THOMASON. Submit it for the record the first thing in the morning.

Mr. SPARKMAN. Does the Navy use optometrists in the same way that the Army does, or is there any variance in the policies?

Colonel VAIL. I am unable to answer that question except from hearsay.

Mr. THOMASON. The committee will adjourn at this time until 10:30 tomorrow morning.

(Whereupon, at 11:15 a. m., the committee adjourned until tomorrow, Friday, June 29, 1945, at 10:30 a. m.)

OPTOMETRY CORPS

FRIDAY, JUNE 29, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., Hon. R. Ewing Thomason presiding.

Mr. THOMASON. The committee will please come to order.

The Chairman, Mr. May, has been detained in another hearing this morning and asked me to preside until he can get here.

Are there any further questions to be asked Colonel Vail?

Colonel Vail, have you explained the definitions of optometrist, optician, and ophthalmologist for the record?

STATEMENT OF COL. DERRICK T. VAIL, OFFICE OF THE SURGEON GENERAL, UNITED STATES ARMY—Resumed

Colonel VAIL. Yes, sir.

Mr. THOMASON. Suppose you repeat that for the record now?

Colonel VAIL. The definition of an optometrist is one who is skilled in and practices optometry, which is the first measurement of the range of vision; also, loosely, measurements of other visual powers. Hence, it is a scientific examination of the eyes for the purpose of prescribing glasses to correct defects without the use of drugs.

An optician is one who makes and deals in optical glasses and instruments.

An ophthalmologist, or an oculist, which are the same, is a physician specializing in the study and treatment of defects and diseases in the eye.

Mr. SHORT. If I understood you correctly, you stated that technicians were granted commissions in the Army, but that optometrists and technicians are rendering valuable service, and that there is no need for them having a separate corps.

Is it not a fact that there are several kinds of technicians who are commissioned? Is it not a fact that pharmacists, psychiatrists, social workers, dietitians, physiotherapists, and others are granted commissions?

Colonel VAIL. I would like to have Colonel Hall, the personnel officer, answer that question.

Mr. THOMASON. He will testify later.

Mr. SHORT. If those people are commissioned—and I will say that they are—if they do commission them, then your statement yesterday was incorrect when you said that technicians are not granted commissions, because they are granted commissions.

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All of these technicians I have enumerated are granted commissions.

I understood you also to say that optometrists were eligible to secure commissions in the Medical Administrative Corps. But is it not a fact that when they are commissioned in the Medical Administrative Corps they are supposed to perform only administrative duties, and they cannot perform the duties for which they were particularly trained?

Colonel VAIL. I cannot speak for that particular part of the picture. I do not know of any optometrists who are in the optometrist personnel.

Mr. SHORT. There are many optometrists in the armed services who have been granted commissions in the other branches of the armed services.

Colonel VAIL. I think that is correct, but again let me say that Colonel Hall's testimony will cover that point.

Mr. SHORT. You do not know how many optometrists are in the armed services?

Colonel VAIL. No, sir; that is in Colonel Hall's testimony.

Mr. SHORT. You do know the Navy has commissioned optometrists, do you not?

Colonel VAIL. I have heard that.

Mr. SHORT. One hundred and thirty of them have been commissioned. There are about 2,000 optometrists in all branches of the armed services.

Colonel VAIL. I do not know the figures. Colonel Hall has those figures.

Mr. SHORT. I will ask Colonel Hall about that.

You taught at the University of Cincinnati, did you not?

Colonel VAIL. Yes, sir.

Mr. SHORT. There is no doubt that you are familiar with Ohio State University and the fact that they have a 5-year course in optometry in Ohio State University, a year more than the other optometry schools?

Colonel VAIL. I know that their school of optometry is one of the best.

Mr. SHORT. I was surprised when you stated yesterday that you could take a house painter and train him in 6 months to do this work. If the Army could take a house painter, a raw recruit, and train him in 6 months, it seems to me that the great State University of Ohio is just wasting time and men by giving them a 4- or 5-year course.

Colonel VAIL. I think you may have misunderstood the purpose of the remark. We use optometrists in the Army with a 6-month training course, with training in the essentials of refraction and assisting in the clinics, and we think that is sufficient.

In other words, it is not necessary for that individual to have an extensive training in the science of optometry to do a mechanical job, any more than it is necessary for a person driving a motor car to be an expert mechanic. Anyone can be taught the essentials of refraction without knowing anything about the science of the subject.

Mr. SHORT. As I understand it, an opthalmologist is an M. D., a graduate in medicine?

Colonel VAIL. Yes, sir.

Mr. SHORT. And his training covers not only medication but surgery as well?

Colonel VAIL. That is right.

Mr. SHORT. Do you not think we need highly trained specialists in these particular fields? When it comes to dealing with men in the Air Corps, as well as in other branches of the Army or the Navy, the washing out of most of the boys in West Point and Annapolis has been due to some visual defect, and the eye is about the most important feature of the cadet's work.

Colonel VAIL. The Army does not object to having optometrists in its service. The Army objects to commissioning them.

Mr. SHORT. Why should not a man who has spent 4 or 5 years in the State university, who is a highly skilled technician and is technically trained, be given a commission the same as men in other fields? Do you think that a veterinarian is more deserving of a commission than an optometrist?

Colonel VAIL. I certainly do.

Mr. SHORT. Or a pharmacist?

Colonel VAIL. I do not think a pharmacist is worthy of a commission; no, sir.

Mr. SHORT. We passed legislation granting them commissions.

Colonel VAIL. I am aware of that.

Mr. SHORT. Is it not a fact that optometrists are about the only specialists, technically trained, at the present time who are ineligible for commissions in the Army?

Colonel VAIL. I cannot answer that question.

Mr. SHORT. And that they are practically the only group treated in that way?

The Secretary of War, in his report on this bill, I think made this statement. He objected to the bill because they claim that optometrists are not trained in the recognition of biological conditions of the eye or diseases which may present eye symptoms.

Is it not true that every curriculum in every optometrical school in this country includes ocular pathology, and that every State board of optometry, before they grant a license to an optometrist, requires that he shall pass a medical examination, both oral and written, in optometry?

Colonel VAIL. I suppose that is true, that they do have courses in every school of optometry, and very likely the board of optometry requires them to pass an examination in pathology.

Mr. SHORT. I am glad to hear you say that.

Colonel VAIL. That is in the catalogs and in their statements, and I assume that it is true.

But I maintain that the training in functional pathology is not sufficient for them to enable them to form a diagnosis in many cases, but there should be a broad clinical training, with the proper medical background required to make such a diagnosis.

Mr. SHORT. Is it not true that about 90 percent of the work of an optometrist has to do with the detection of diseases and of surgery.

Colonel VAIL. On the contrary, 46 percent of my work before entering the Army was refraction, and that is the experience of almost every ophthalmologist.

Mr. SHORT. It is also the function of an optometrist?

Colonel VAIL. That is right.

Mr. SHORT. Of course, it is not necessary to get a commission in that particular branch; if they go to some other branch they could get a commission?

Colonel VAIL. I think Colonel Hall can answer that; that is a part of his prepared statement.

Mr. FENTON. In relating your background and experience yesterday, I do not recall that you mentioned anything about your service overseas.

Colonel VAIL. I was sent overseas on the 1st of October 1942, and was on General Hawley's staff. I served as a staff consultant in ophthalmology.

Mr. FENTON. Who is General Hawley?

Colonel VAIL. General Hawley is the chief surgeon of the ETO. Part of my function was to visit all of the hospitals and installations and check up on the ophthalmological work done in each of these places, to advise, or consult in any way I possibly could. That involved a considerable amount of travel in order to see what was going on.

Mr. FENTON. Colonel, were there very many eye cases in the European theater of operations at all times, with that class of injuries?

Colonel VAIL. Mr. Fenton, I do not quite understand that question. You mean the whole number of eye cases we saw?

Mr. FENTON. Yes.

Colonel VAIL. I cannot give you exact figures, because they have not been all enumerated.

Mr. FENTON. There were some serious eye cases, were there not?

Colonel VAIL. Yes; there were many serious eye cases. Over 4 percent of the casualties in the early days were due to eye injuries, and in the campaign at the Siegfried line. In those days there was that percentage of ocular casualties.

When the battle became mobile the percentage dropped below 2 percent. I think the over-all picture is about 1.89 percent of the battle casualties that were ocular injuries.

Mr. FENTON. Of course, the optometrists would not be able to take care of that type of case?

Colonel VAIL. That is right.

Mr. FENTON. Do you have any optometrists overseas?

Colonel VAIL. Yes; we have them in practically everyone of our general hospitals and in most of our air station hospitals. In some installations we have two; but at least we have one.

Mr. FENTON. How many optometrists do you have?

Colonel VAIL. Do you mean in the European theater, or altogether?

Mr. FENTON. Altogether.

Colonel VAIL. Colonel Hall has those figures for you.

Mr. FENTON. I believe you stated yesterday that it requires between 12 and 14 years for a man to become a real ophthalmologist, or at least that time to be recognized by the American board?

Colonel VAIL. That is right; yes, sir.

Mr. FENTON. But an optometrist, on the other hand, practices optometry after his 4-year course?

Colonel VAIL. Four years; and according to Mr. Short's statement, 5 years in several cases.

Mr. FENTON. Are you familiar with the actual curricula of the optometry schools?

Colonel VAIL. I have seen a number of their catalogs from various schools. I cannot say that I am familiar with the details. It has been some time since I have checked them over.

Mr. FENTON. Do they have any practical work in pathology?

Colonel VAIL. I cannot say for sure. I suppose in some of those other schools they do have some provision by which they treat patients occasionally.

Mr. FENTON. You do not know whether there is any laboratory work?

Colonel VAIL. No, sir; I cannot answer that question.

Mr. FENTON. I understand there are about eight independent schools of optometry, with three others affiliated with State universities, and one with Columbia.

Colonel VAIL. I assume that is correct. I do not know about that, but I know about Columbia and the Ohio State School of Optometry particularly.

Mr. FENTON. Do you know whether these schools have the same rating?

Colonel VAIL. My impression is that the American Optometric Association—I assume that association has rated the schools, following the example of the medical profession, in which they are rated as better schools and schools that are not quite so good, but I cannot answer that question with any definite knowledge.

Mr. FENTON. I have noticed a statement in one of the journals about optometry, taken from the March 15 issue of the Journal and Review of Optometry. Under date of February 25, 1945, a press release in a Detroit paper made the statement that 90 percent of the visual-aid work in the Army was done by optometrists. Do you know anything about that?

Colonel VAIL. I do not know about that, but I would say, from my personal experience and observation and my visits to various eye centers in the European theater and since my return to this country in February, that if they would qualify that statement by saying that 90 percent of the ordinary refraction work or study of the refractory condition of the sources of the eye was done by optometrists, that is true, because we use optometrists in our clinics as ophthalmological assistants, and they are very valuable. In fact, we would have a difficult time in finishing the job without their help, and we are perfectly frank to admit that we owe them a great debt of gratitude for their help.

Mr. SHORT. You are grateful for that, but you are not willing to give them commissions?

Colonel VAIL. We are grateful to them, like a dentist is grateful for the help of a dental technician.

Mr. JOHNSON. The dental technician is an assistant.

Colonel VAIL. Yes, sir.

Mr. JOHNSON. Is that true of the nurses, too?

Colonel VAIL. Yes; but the nurse has the responsibility that is not present in the technical aspects.

Mr. JOHNSON. But you commission nurses.

Mr. FENTON. Are the optometrists responsible in public or private hospitals or in the Army for any mistakes they might make? Are they held responsible?

Colonel VAIL. It is my impression that legally the optometrist is not held responsible for mistakes in his diagnosis of ocular diseases, that if confronted with such a situation he would hide behind the cloak of the definition of optometry, that it is the mechanical measurement of the eye.

In other words, he is given no responsibility for a mistake in the diagnosis of the diseased ocular condition. I may be wrong, but I think that is a correct statement of the facts.

Mr. BROOKS. Is that because it is considered an art rather than a science?

Colonel VAIL. I do not know just what the consideration is, Mr. Brooks.

Apparently it would seem that they would claim they know all about ocular diseases, and that the training is such that they can recognize symptoms, but when it comes to legal responsibility I think they would hide under the legal definition of optometry.

Mr. SPARKMAN. I wonder if it is not true that any person who undertakes to treat diseases of the eye, whether he was an optometrist or a skilled specialist, if he held himself out as such and undertook to treat the eye, and if, through negligence or lack of skill there was a resulting injury, would be liable, regardless of the definition.

Is not that true?

Colonel VAIL. I cannot answer that for sure; that is a legal question.

Mr. SPARKMAN. I think that is a legal question, and really you should not be called upon to answer it.

Mr. FENTON. Colonel, do most States prohibit optometrists using drugs?

Colonel VAIL. That is my belief; yes, sir.

Mr. FENTON. What would be the reason for that?

Colonel VAIL. Well, the primary reason, I think, is to protect the patient from either a mistake or against a diseased condition that might develop in the eye as the result of the use of drugs used in the eye. That is the primary reason.

I think the secondary reason is that it was done to prevent the layman from using any kind of drops for any kind of a condition he thought might be present in the eye.

Mr. FENTON. I understand that, but I wanted the committee to understand the reason for that.

How many States permit an optometrist to use drugs?

Colonel VAIL. I do not know of anyone.

Mr. FENTON. Do any States permit an optometrist to do anything outside of refraction work?

Colonel VAIL. I am not aware of any State that permits an optometrist to do anything except what the legal definition of optometrist would cover.

Mr. ELSTON. Are the standards required of optometrist graduates less than those required of doctors for admission to practice?

Colonel VAIL. I should think there is a considerable difference between standards, as between optometrists and regular physicians, which I tried to bring out yesterday, a difference in the curriculum and a difference in the years of experience, and also a difference in the knowledge and background and the over-all professional training, if you want to call it that, and a difference in the type of examination

given by the various States to permit an individual to practice his particular profession.

Mr. THOMASON. Thank you very much, Colonel Vail.

The first witness for the proponents will now be heard. We would be glad to have a statement by Dr. Ezell.

Will you give your name and address, and the organization which you represent?

STATEMENT OF DR. WILLIAM C. EZELL, PRESIDENT, AMERICAN OPTOMETRICAL ASSOCIATION

Dr. EZELL. My name is William C. Ezell and I reside at Spartanburg, S. C. I am president of the American Optometric Association. I am a practicing optometrist having graduated from Northern Illinois College of Optometry, entering practice and being licensed under the South Carolina Optometry Law, which was enacted in 1917. For 20 years I have been a member of the South Carolina Board of Examiners in Optometry, being president of the board for 16 years.

A very exact survey made as recently as last year, 1944, indicates that there are 17,264 optometrists licensed and registered in the United States, of whom 12,734 are engaged in active practice. About 2,000 optometrists are in the armed forces.

The American Optometric Association is the Nation-wide organization representing the profession of optometry. It is constituted in the same fashion as are the organizations representing other professions. The individual optometrist joins his local organization. In the larger States these local organizations consist of county, zone, or district groups. In a few of the small States, there are no local organizations and the optometrist joins the State association directly. Membership in the local organization automatically makes the optometrist a member of his State and national association and so likewise by becoming a member of his State association directly, he also becomes a member of the national association.

Mr. Chairman, you have already called attention to the fact that some of these witnesses have cone a long way and have reservations to go back.

We had prepared a more orderly presentation of these witnesses, but we will beg your indulgence and bring them before you out of order and then we will connect them up at a later time.

Mr. THOMASON. That will be satisfactory.

Dr. EZELL. Mr. Chairman, I would now like to introduce to the committee Dr. Otis Wolfe, of Marshalltown, Iowa.

Mr. THOMAS. Dr. Wolfe, will you identify yourself and then proceed with your statement?

STATEMENT OF DR. OTIS WOLFE, MARSHALLTOWN, IOWA

Dr. WOLFE. Mr. Chairman, my name is Otis Wolfe, M. D., and I reside at Marshalltown, Iowa. I believe that I can speak with some degree of authority on the subject matter of optometrists and their abilities since I am both an optometrist and a physician and surgeon. I hold a degree in optometry from the Northern Illinois College of Optometry (Chicago), and am a graduate of the University Medical

College in Kansas City (1910). I am a member and past president of the Marshall County Medical Society, and a member of the Iowa State Medical Society, A. M. A., the American Academy of Ophthalmology and Otolaryngology, the Association for Research in Ophthalmology, the Pan American Ophthalmologic Congress, the American Association for Advancement of Science, and I am also a Fellow of the International College of Surgeons. I am the chief surgeon of the staff of Wolfe Cataract Clinic and of the eye department (23 beds) of the Deaconess Evangelical Hospital, Marshalltown, Iowa. I was formerly associated with Dr. Casey Wood and Dr. Frank Allport of Chicago and on the staff of the Chicago Policlinic.

If any further proof is necessary that I am qualified to speak on the subject, I should like to add that I have four sons. The two oldest are ophthalmologists and are serving in the armed forces. The one is a graduate of the University of Iowa Medical School, had 2 years at Rochester General Hospital, in the eye department, at Rochester, N. Y., and 1 year at the University of Pennsylvania Graduate School; eye. He is now a captain in the Army. The second son is also a graduate of the Medical School of the University of Iowa, he had 2 years in the eye department of the Montreal General Hospital, has had graduate work in eye at Harvard in Boston, and is a lieutenant, senior grade, in the Navy. They are both doing eye work in the service. My third son is an optometrist, formerly associated with us here, and a graduate of the Northern Illinois College of Optometry (Chicago). He is a lieutenant, senior grade, in the Navy, in the Navy Combat Intelligence, having previously been a flying instructor. My fourth son, Lt. Paul Wolfe, was a medical student before enlisting in the Marines, but unfortunately was called upon to give his all for our country. My sons and I are engaged in maintaining and conducting an eye department in the Deaconess Hospital at Marshalltown, Iowa, where only ocular conditions are treated.

I know the attitude of some of my ophthalmologic colleagues. I am fully aware of it. I know how baseless their attitude is, but furthermore, I am happy to say that many leading ophthalmologists are recognizing the fact that both ophthalmologists and optometrists have a place in the great cause of conserving vision.

Now, it is claimed that an optometrist is a mere technician; that he performs functions which are primarily mechanical. I am one of those optometrists, but I am also a physician. I can, therefore, state that when an optometrist examines a pair of eyes he uses the same technique, makes the same tests, and takes steps which a good ophthalmalogist or oculist makes when he performs the same type of examination for glasses. As a matter of fact, because the ophthalmologist or oculist deals not only with visual problems but also with medical and surgical problems, the average refraction made by the average optometrist is often a more complete visual analysis than that conducted by the average physician. This is definitely not intended as a reflection upon my medical colleagues. It is merely an admission that the optometrist being a specialist in refraction and visual care has had all of his training pointed toward that particular specialty. The optometrist's whole education is based upon the premise that when his student days are completed, he should be the best type of refractionist, and should know his field thoroughly. For, refraction with modern methods and equipment dilating drops are not necessary.

Let us for instance assume that a patient who is having trouble in reading the small print in the telephone book, visits an ophthalmologist or oculist instead of an optometrist. What does the eye physician do? He makes an examination of the external portion of the eye to see if any disease or abnormality is present. He then uses an ophthalmoscope and looks into the interior of the eye to see whether any pathology or disease exists. These examinations having been made and no pathology being detected, he then proceeds to examine the eyes for defective vision. He uses the retinoscope. Using a number of instruments he tests the phorias, the ductions, makes the muscle tests, tests the fields of vision, and so forth. Upon completion of the tests, he has a series of findings, depending upon his individual technique or thoroughness. On the eye physician, however, now falls the professional responsibility of putting all these findings together and coming to a conclusion, that is a prescription as to what type or power of lens the patient should wear, or if, in fact, the patient should wear none but instead undergo visual training or orthoptic exercises.

There is no eye physician in existence, or any general practitioner either, who will deny for one instant that this eye examination was a highly professional act. There was nothing technical or mechanical about it, any more than an operation for appendicitis may have certain mechanical features as an incidental part of it.

What does the optometrist do when a patient comes to his office? He makes the same external examination of the eye and uses the same ophthalmoscope to look inside the eye. If he detects or even suspects a pathological condition or disease of the eye, he is taught to immediately refer the patient for proper professional medical care. If he finds the eye is free of pathology, and a great majority (approximately 90 out of 100 pairs of eyes) are, he proceeds with the refraction and uses the same technique and the same instruments as does the eye physician. As I mentioned above, because the optometrist is the specialist in refraction, he may even utilize and give a greater number of functional tests. For refraction he knows that dilating drops are not necessary.

When his examination is completed he has a long series of findings written on his office form. He must exercise the same professional skill, discretion, and judgment as does the eye physician in determining what prescription to write for the particular patient. His acts and his conclusions are as professional as the eye physician's.

It has been claimed that optometrists are not capable of recognizing a pathological condition in the eye. Statements presented by others at this hearing will prove that optometrists are properly trained, and my experience is that they do recognize pathology and are making referrals of such cases. This fact is borne out by the records at our eye clinic at Marshalltown.

Finally, I would like to say that being both an optometrist and an eye physician, I do not agree with the suggestion of the War Department that an optometrist be under the supervision and the control of a medical officer insofar as his professional judgment is concerned. If it is meant that there should be a medical officer as administrative head of a unit or hospital, that is a perfectly reasonable and understandable desire. An optometrist, however, is in an entirely different position than is a nurse or a pharmacist, both of whom carry out the physician's orders. Optometry is an independent profession. A

pharmacist fills the physician's prescriptions for drugs; a nurse carries out the physician's directions with respect to medication and nursing care. Neither exercises any independent professional discretion or judgment. An optometrist is wholly independent of the physician. In civilian life, he carries on his profession without any connection with or direction from a physician, only coming into contact with him if the examination of the eye discloses pathology. His responsibility is solely to his patient, and his patient recognizes this responsibility.

I most heartily recommend that this bill receive favorable consideration. The situation is so obviously unjust that it requires the correction which this bill offers.

Mr. THOMASON. Thank you, Dr. Wolfe.

Mr. SHORT. Dr. Wolfe, is it not true that in the early history of dentistry dentists were considered by the medical profession as technicians, but today they are two separate professions?

Dr. WOLFE. Well, I would not be able to answer that question with any degree of authority, but that is my opinion.

Mr. SHORT. And optometry has developed very much in the same way.

Dr. WOLFE. It is evolving the same way.

Mr. SHORT. The optometrist in his particular specialized field is a more highly trained technician than the average eye doctor who has had to study all parts of the human anatomy.

Dr. WOLFE. I do not know that I could say that, Mr. Short, but he is in refraction.

Mr. SHORT. That is the particular thing that he does.

Dr. WOLFE. Yes.

Mr. SHORT. And there are comparatively few of these eye doctors in the Army and they have been placed in a critically needed specialist category. They need some in Camp Crowder in my own congressional district.

Mr. HOLIFIELD. I would like to ask you, Doctor, what percentage of your patients you refer for pathological treatment.

Dr. WOLFE. Almost all of them, because I do nothing else.

Mr. HOLIFIELD. You do nothing else? Perhaps my question should be changed. Do the optometrists frequently refer their clients for pathological treatment?

Dr. WOLFE. Yes.

Mr. HOLIFIELD. That does not denote, then, the fact that they cannot detect pathological diseases?

Dr. WOLFE. Definitely.

Mr. FENTON. I think that it would be very appropriate, since Dr. Wolfe is both a medical man and an optometrist, that he give us some of the relative merits of pathological education in both degrees.

Dr. WOLFE. Well, that would be a very difficult question to answer, except that it is my opinion, based on my own observations, that they are teaching the optometrist to recognize that when an eye has other problems than refraction, it is pathologic, and if there is any question the patient should be referred to a medical ophthalmologist for his analysis.

Mr. FENTON. Doctor, you said that you were a graduate in optometry, a graduate in medicine, and that you are an ophthalmologist.

Dr. WOLFE. Yes.

Mr. FENTON. How does the pathological education in those three branches differ?

Dr. WOLFE. Well, the optometrist is educated primarily to direct all his efforts toward doing the most efficient refraction job that he can do, and if it is not refraction he is taught that it is not within his province.

The ophthalmologist, who practices ophthalmology exclusively, is taught, when he takes postgraduate work, to do refraction and cover the entire field of pathology and treatment.

Mr. FENTON. What course of pathology does the optometrist get?

Dr. WOLFE. I would not be able to answer that. It is my understanding they all have it. Now, just what the course consists of I would not be able to say.

Mr. FENTON. In optometry, Doctor, what pathological instruction did you receive?

Dr. WOLFE. Very little. That was many years ago, and optometry was then in its infancy. That was along in 1910. But we were taught if the eye was not normal the patient should be sent to someone who specialized in that line of work.

Mr. FENTON. How would they know whether they were normal or not?

Dr. WOLFE. If their vision was not up to the normal standard of 20–20, or their fields showed deviation from the normal.

Mr. FENTON. Why do you say that it is not necessary to use drugs?

Dr. WOLFE. That is a controversial subject over which the medical profession doing eye work is divided.

Mr. DURHAM. What are the ordinary pathological conditions that occur most frequently in the eye?

Dr. WOLFE. I would say that probably the most frequent one is cataracts and glaucoma in equal proportion. I have no figures as to the exact statistics. Offhand, I would say that glaucoma and cataract are the two.

Mr. DURHAM. What percent would you say?

Dr. WOLFE. I do not know percentagewise.

Mr. DURHAM. It runs very high.

Dr. WOLFE. Of the patients that would be in for examination on refraction?

Mr. DURHAM. Yes.

Dr. WOLFE. It would be very small. The percentage of those examined would be very small. Most people do not have pathology. I would say that 90 percent of the problems that are examined are for refractive errors.

Mr. DURHAM. It does run pretty high in the total number.

Dr. WOLFE. No, it does not. Let me understand your question. Do you mean of the total number examined, or the total number of pathologic cases?

Mr. DURHAM. That is what I am getting at; yes.

Dr. WOLFE. Of the total number of pathologic cases, which are approximately 10 percent or less of the total, it would run high in that. I would like to make that point clear. Of the total, it would be only a small percentage, but of the total number of pathological cases, of the grand total, it would be large.

Mr. DURHAM. Would it be very difficult to recognize?

Dr. WOLFE. No.

Mr. THOMASON. We thank you very much.

Dr. EZELL. I would like to present to the committee Dr. Alpheus Smith, dean of the graduate school, Ohio State University.

STATEMENT OF DR. ALPHEUS SMITH, DEAN, GRADUATE SCHOOL, OHIO STATE UNIVERSITY

Dr. SMITH. My name is Alpheus W. Smith and I reside at No. 232 Sixteenth Avenue, Columbus, Ohio. I am chairman of the department of physics and astronomy and dean of the graduate school of the Ohio State University. Since the school of optometry is allocated to the Department of Physics and Astronomy for administrative purposes, its courses of study and research program are one of my responsibilities. Dr. Glenn A. Fry, who follows me, is the director of this school and immediately responsible for the supervision of its educational and research work. It is on a par with the many other colleges and schools in the university.

I have been connected with the Ohio State University since 1909, as assistant professor of physics from 1909 to 1917; as professor of physics from 1917 to the present; as chairman of the department of physics and astronomy since 1929 and as dean of the graduate school since 1939. I have been responsible for the general policies and administration of the school of optometry since 1935.

As originally organized in 1914, the curriculum in optometry at the Ohio State University consisted of a 2-year program of study designed to meet the needs of young men and women preparing to take the qualifying examinations for the practice of optometry. After 2 years it was recognized that such a short program of study did not afford sufficient opportunity for training in the fudamental physical and biological sciences on which the professional courses in optometry rest. Hence, in 1916 the curriculum was increased in length to cover a period of four full academic years. Adequate basic courses in general physics, chemistry, geometrical optics, physiology, anatomy, biology, pathology, and so forth, were introduced and the completion of the curriculum was recognized by the awarding of the bachelor's degree. In 1937 the curriculum was again reorganized and extended to include five full academic years—1 year for preoptometry and four full years for professional courses. There was also inaugurated a selective program for the admission of students so that only those personally and intellectually qualified would be admitted. At this time it was also recognized that instructors and research workers in the field of optometry must be trained in order to insure the development of this profession. To accomplish this objective, it was necessary to develop a central core of research in optometry and to integrate it with the professional courses in a way to insure proficient practitioners and at the same time to develop scientific methods of thought and a capacity for research on visual problems, practices, and procedures.

Emphasis on physiological optics as the scientific core of optometry makes it an applied science, which can be recognized as an appropriate program in a great university charged with the responsibility of training scientific men and women for professional services. In spirit and purpose optometry does not differ from other applied sciences.

To carry on this new program it is necessary to have a staff with qualifications, interests, and points of view not essentially different from those found in other scientific departments. The director of the school of optometry is a man who completed the requirements for the Ph. D. degree, in physiological optics and had 3 years of experience as a research fellow in a well-known medical school. The other members of the teaching staff have comparable qualifications. The courses in geometrical optics, anatomy, physiology, bacteriology, pathology, and so forth, are taught by outstanding scholars in their respective fields. The staff is therefore not composed of narrow technicians, but of scholars of recognized ability. During the war emergency some of these instructors have been called for service in war-research projects. They have also supervised research and served as consultants for optical industries. They have published a large number of educational and research papers and have proved themselves to be educational leaders in optometry and in cogent fields. We regard the school of optometry as an important phase of the educational and research program of the university.

In the period during which I have been associated with the school of optometry, we have trained a large number of young men and women competent to do excellent work in the field of refraction and the correction of abnormal visual conditions. They are now rendering important social and professional service. Some have been trained as teachers for colleges and universities and others for research workers in the industries. In my opinion, this program in optometry provides sound scientific training in both the physical and biological sciences, superior skills in the use of diagnostic instruments and facility in the interpretation of the findings.

A plan for fuller utilization of the knowledge, skills and experience of optometrists by the armed forces would in my opinion be in the public interest.

Mr. ELSTON. I know that you have a very fine school of optometry at Ohio State University. I wonder how it compares, so far as requirements are concerned, with schools of optometry in other States.

Dr. SMITH. I think that that question could probably be more adequately answered by Dr. Fry, who can cover that sort of comparison.

Mr. JOHNSON. There is no doubt in your mind but that an optometrist is just as much a professional man as a dentist?

Dr. SMITH. No; there is not.

Mr. JOHNSON. He has a distinct field, a distinct scientific field, just like a dentist.

Dr. SMITH. If I had been of an otherwise opinion, I would not be associated with the administration of it. I am not a professional optometrist.

Mr. JOHNSON. Are any of the graduates of your school commissioned in the Army, in branches other than the Medical Corps?

Dr. SMITH. I would like to have Dr. Fry answer that question.

Mr. HOLIFIELD. Do you believe that the Army could teach in 6 months the equivalent of Ohio State University's 4-year course?

Dr. SMITH. I do not think so.

Mr. SHORT. In other words, it is your conviction, after having spent 36 years in Ohio State University, and the past 6 years as the dean of the graduate school of the university, that optometry, which is a comparatively new or young science, just as aviation is, has developed to the point where it deserves a recognized standing?

Dr. SMITH. Yes. We are a State university serving the State of Ohio for social ends, and feel a definite responsibility to help develop the professional group.

Mr. SHORT. You are for this bill?

Dr. SMITH. Yes.

Mr. FENTON. You are the dean of the Ohio State Optometric School?

Dr. SMITH. We do not call it the dean of the school of optometry, so I would not say that that statement is quite accurate. I do not think that it will be pertinent to what you are going to ask me.

Mr. FENTON. As the dean of that particular department of Ohio State University you are familiar with the pathological course given there?

Dr. SMITH. Superficially, but again I should like to have you ask that question of Dr. Fry, who is intimately familiar with that.

Mr. THOMASON. We thank you very much.

Dr. EZELL. I would like to present to the committee Dr. Glenn R. Fry, head, School of Optometry, Ohio State University.

STATEMENT OF DR. GLENN R. FRY, HEAD, SCHOOL OF OPTOMETRY, OHIO STATE UNIVERSITY

Dr. FRY. My name is Glenn A. Fry and I reside at 200 Arden Road, Columbus, Ohio. I am licensed to practice optometry by the State of Ohio and I am director of the school of optometry at the Ohio State University. I was graduated from Davidson College, N. C., as A. B. in 1929, and received my M. A. and Ph. D. from Duke University. I spent 2 years as national research fellow and 1 year as research assistant in ophthalmology at Washington University School of Medicine, St. Louis, Mo. In 1935 I was called to Ohio State University and became associate professor in physiological optics in 1943. I represent my school in the Association of Schools and Colleges of Optometry and am chairman of their committee on text books and standards. There are eight schools and colleges in the association, all of which are accredited by the council on education and professional guidance of the American Optometric Association.

To show the functions of this council on education, I should like to read from the constitution and bylaws of the American Optometric Association:

> The functions and duties of the council on education and professional guidance shall be to advise, counsel, and act in the following matters:
> (*a*) Changes in type and amount of educational training that may be needed as experience indicates, and as changing conditions warrant;
> (*b*) Matters concerning qualifications of the present and future schools, minimum content of curriculum, number of teachers, laboratory equipment, and matters of similar nature;
> (*c*) Inspection and accrediting of schools and colleges conducting courses of instruction on optometry.

Development of the profession of optometry to its present high educational requirements has been one of the most rapid in the history of professional education. Optometry receives her practitioners from accredited colleges and universities. Optometrists are trained by intensive college training of 4 years' duration. Their education completely equips them with not only a fundamental education but also a highly specialized course of training, enabling them to render a distinctive professional service. From what 45 years ago was a

system of apprenticeship, there has come about this rapid advance to courses in universities and professional schools. The training is designed to give the student a complete knowledge of all of the factors entering into the etiology and correction of any abnormal visual condition.

The statutes in each State in the Union and the District of Columbia provide for the educational requirements necessary to receive a license. The council on education and professional guidance has provided that before one can engage in the practice of optometry he must meet the following requirements:

1. He must be a high-school graduate.
2. He must be a graduate from a 4-year course in a college of optometry which has been approved by the council on education of the American Optometric Association, a body in which the International Board of Examiners is duly represented.
3. He must pass rigid State board examinations in such subjects as ocular anatomy, geometrical optics, physiology, mechanical optics, ocular pathology, physiological optics, psychology, theoretical optometry, physics and mathematics, and practicaly optometry.

An outline of the optometric credits of the standard 4-year course is as follows:

FIRST YEAR

First semester	Lectures	Laboratory	Credits	Second semester	Lectures	Laboratory	Credits
Zoology	3	3	4	Anatomy (comparative)	3	3	4
Physics (mechanics and heat)	3	4	4	Physics (electricity and optics)	3	4	4
Chemistry (general)	3	4	4	Chemistry (organic)	3	4	4
Trigonometry	4	0	4	Analytical geometry and calculus	4	0	4
English	3	0	3	English	3	0	3
			19				19

SECOND YEAR

Anatomy (human)	4	2	4	Anatomy (ocular and neural)	4	2	4
Physiology (human)	4	3	5	Physiology	4	3	5
Optics (geometric and physical)	3	4	4	Optics (geometric and pyisical)	3	4	4
Chemistry (physiological)	3	3	4	Pathology (general)	4	2	4
			17				17

THIRD YEAR

Physiological optics	5	2	5	Physiological optics	3	2	3
Psychology (general)	3	2	3	Psychology	3	2	3
Optics (mechanical)	3	6	5	Optics (mechanical)	2	4	3
Optometry (practical)	2	4	3	Optometry (practical)	5	4	6
Pathology (general)	3	2	3	Pathology (special)	3	2	3
			19				18

FOURTH YEAR

Optometry (advanced)	4	2	4	Optometry (advanced)	4	2	4
Optometry (clinical)	2	10	5	Optometry (clinical)	2	12	6
Pathology (applied)	2	4	3	Pathology (applied)	2	4	3
Economics	3	0	3	Ethics and business law	3	0	3
Sociology	2	0	2	Economics	3	0	3
			17				19

In this statement, there is set forth a standard 4-year curriculum in optometry. If I may, I should like to omit reading the detailed analysis of this curriculum and in lieu thereof to call attention to the fact that the curriculum contains clinical subjects—such as the theory and practice of optometry, applied pathology of the eye, theory of lenses and the fitting and adjusting of spectacles; basic optometric sciences—such as physiological optics, general, ocular and neuroanatomy, geometrical and physical optics, general physiology, general pathology, and bacteriology; and basic sciences such as mathematics, physics, chemistry, zoology, and psychology. The curriculum also includes professional cultural courses such as economics, ethics, jurisprudence, and sociology, the primary aims of which are to inculcate in the student the ideals of his profession and to clarify for him the meaning of professionalism and its implications in determining his conduct as judged by standards of morality, economics, and legality.

Prior to 1942 the accrediting of optometric schools and colleges was done by the Committee on Education of the International Association of Board of Examiners in Optometry. This association consists of members of the individual boards of examiners in optometry in the 48 States and District of Columbia.

In 1942 it was decided by the International Association of Boards of Examiners and the Ameircan Optometric Association that accrediting and approval of schools in the future should be the function of the council on education and professional guidance of the American Optometric Association.

The bylaws of the American Optometric Association were amended to permit the council to have representation among its membership of members nominated by the International Association of Boards of Examiners.

In 1941 a 52-page manual of accrediting schools and colleges of optometry was prepared and published by the council on education. In the interest of economy, we do not ask that this manual be printed. We submit it for the consideration of the committee. If any member of this committee desires it printed, we have no objection.

It is my belief that the curricula of the various accredited optometry schools round the student out into a well-trained and capable optometrist. We who hold the positions of heads of optometry schools know that one cannot be a good optometrist unless he has had training in physiology and pathology of the eye; that he can immediately detect a pathological condition and refer the cause to the proper specialist.

An examination of the announcements of courses of the schools will show as follows:

Columbia University

One session of the sophomore year recommended general physiology; in the junior year for both sessions, there are required courses in anatomy and physiology of the eye and in the senior year for the full year courses on pathological conditions of the eye.

Los Angeles School of Optometry

After the student has taken general zoology and general bacteriology during his first 2 years, a course running through both semesters of the junior year is given on human anatomy and physiology, a separate course on ocular anatomy during the first semester of the junior year

and during the senior year for both semesters a course of ocular pathology.

Massachusetts School of Optometry

The students are given a first year course on zoology and comparative anatomy; for the second year, courses on general anatomy and physiology, ocular anatomy and histology and general pathology and bacteriology; in the third and fourth years, courses on other ocular pathology.

Northern Illinois College of Optometry

A course on zoology is given in the first year; separate courses on anatomy and physiology during the second year; bacteriology and pathology during the third year and ocular pathology during the fourth year.

Pennsylvania State College of Optometry

During the first year comparative anatomy is studied; during the second year separate courses are given on human anatomy, ocular anatomy and neuroanatomy. During the first year, there is a course on general histology and embryology and during the second year, a course on ocular histology and embryology. Also during the second year bacteriology is taught and courses given on general physiology and general pathology. During the third and fourth years, courses are given in ocular histopathology, ocular pathology, and visual fields.

Southern College of Optometry

Courses in biology and physiology are included. Five separate anatomy courses are given, the first of which includes embryology and histology; the second general anatomy; anatomy of the head and neck, gross and microscopic ocular anatomy and neuroanatomy. In addition to a course in bacteriology, courses in general and ocular pathology and perimetry are given.

University of California

Bacteriology is taught during the freshman year; physiology is taught during the sophomore year; during the junior year, general anatomy and physiology of the eye, and during the senior year, pathology of the eye.

In my own institution, Ohio State University, general zoology is taught the first year, anatomy, both general and of the eye, during the second year, physiology and bacteriology; during the third year, general and ocular pathology and applied pathology of the eye during the fourth year.

Every one of the schools has a clinic at which the senior students attend as clinicians, during which time they have instruction in pathology, symptomology, and the recognition of eye diseases.

I wish to assure the members of this committee that a broad statement that optometrists are not trained in the recognition of pathological conditions or disease of the eye is wholly inaccurate, not only according to my own personal knowledge but to the facts disclosed in the catalogs of the eight schools which I respectfully ask to file with the committee.

During the 16 years that have elapsed since I received my A. B. degree, practically all of my time has been spent in the field of educa-

tion and research in vision. I can assure you gentlemen that the recent graduates of these eight accredited schools of optometry constitute a professional group, which is worthy in every sense of the word to be recognized as much. The War Deparment's objections to this bill wholly disregard this fact.

Mr. THOMAS. Will you furnish for the record the names of the eight schools?

Dr. FRY. The names of the schools are as follows: The professional courses in optometry at Columbia University; the Los Angeles School of Optometry; the Massachusetts School of Optometry; the Northern Illinois College of Optometry; the Pennsylvania State College of Optometry; the Southern College of Optometry; the University of California School of Optometry; the Ohio State University School of Optometry.

Mr. BROOKS. I would like to ask you this question: Would you say that all the recognized optometrists attended one of these eight schools?

Dr. FRY. All of the recognized optometrists at the present time will have to be graduated from one of these eight schools.

Mr. BROOKS. From now on out, anyway, no one can practice optometry without being a graduate of one of those schools?

Dr. FRY. According to the present scheme of things.

Mr. BROOKS. Or some other recognized school which would require perhaps 4 years' training in the future.

Dr. FRY. Yes.

Mr. JOHNSON. What is the course in years at the University of California?

Dr. FRY. Four years.

Mr. JOHNSON. Are the standards of the various States about identical and uniform?

Dr. FRY. In the eight accredited schools, yes.

Mr. JOHNSON. As an educator, you have no doubt but that optometry is in a definite scientific field. The optometrist is a professional man just like a dentist, a doctor, a veterinarian, and so on?

Dr. FRY. Yes.

Mr. JOHNSON. And you think that we could find a category in which we could utilize his knowledge and training?

Dr. FRY. That is true.

Mr. JOHNSON. Did you have anything to do with presenting this question when the Navy developed a division of optometry?

Dr. FRY. I was not connected with that movement at all.

Mr. JOHNSON. They received commissions in the Navy.

Dr. FRY. Yes.

Mr. JOHNSON. Have you made any effort with the Army to try to get a separate category of optometrists who might be commissioned?

Dr. FRY. That point is covered by one of the other witnesses and I would prefer that he answer the question.

Mr. JOHNSON. Do you know of any optometrist who is commissioned in the Army?

Dr. FRY. Yes.

Mr. JOHNSON. What part of the Army are they commissioned in?

Dr. FRY. Our graduates are commissioned in various fields—some in the Ordnance Department.

Mr. JOHNSON. Everything but optometry.

Dr. FRY. Yes.

Mr. JOHNSON. They are used in an entirely different field.

Dr. FRY. Yes; as commissioned officers.

Mr. JOHNSON. So they had to learn some other branch of learning in order to get their commissions; is that a fact?

Dr. FRY. In general that is true. Their training in optometry was useful in connection with certain forms of occupation.

Mr. JOHNSON. Is optometry utilized in their work as a commissioned officer?

Dr. FRY. No.

Mr. THOMASON. All men who are now practicing optometry throughout the country are graduates of some accredited school of optometry?

Dr. FRY. No, sir.

Mr. THOMAS. What percent would you say are not graduates, and what has been their average training, or qualifications to practice?

Dr. FRY. I cannot answer with any authority with respect to the percentage figure. I believe that point is covered by a subsequent witness.

Mr. THOMASON. What is the more or less uniform requirement of the several States as to professional education of a man who practices optometry in a given State?

Dr. FRY. In general, the legal requirements are lower than the actual requirements that are set up. In other words, the State laws provide for State boards of optometry who have the privilege of accrediting the various schools.

Mr. THOMASON. Is it not true that it very frequently happens that the State board will approve and grant a license to an applicant who has had perhaps only a few months of training?

Dr. FRY. It is my knowledge that all the States and the District of Columbia recognize as minimum requirements graduation from a 4-year college of optometry.

Mr. KILDAY. You mentioned the fact that there may be optometrists practicing who are not graduates of schools. That fact came about because when some of these States adopted their optometry laws they granted licenses to those people who had been practicing for a certain length of time.

Dr. FRY. Yes.

Mr. KILDAY. But all the States have had these laws for such a considerable length of time now that any man in that category would probably be too old to qualify for a commission in the Army; is that correct?

Dr. FRY. The laws, in general, came in between 1910 and 1920, and there is a fair number of optometrists who started practicing their profession prior to that time.

Mr. KILDAY. So this bill would not take in those under a practical operation?

Dr. FRY. That is correct; at least, so far as the Army is concerned.

Mr. SPARKMAN. Under the terms of the bill, those that would be eligible for appointment to the Optometry Corps would be limited to these same schools that you have mentioned; is that not true? Those are the only accredited optometry schools.

Dr. FRY. The eight schools are the only ones that would be recommended by the association.

Mr. SPARKMAN. The provision is, and I will read it:

To be eligible for appointment in the Optometry Corps a candidate must be a graduate of an accredited optometry school or college, and have been engaged in the practice of his profession for at least 2 years subsequent to graduation.

Does that mean that they would have to be graduates of one of these eight schools that you have named?

Dr. FRY. Yes.

Mr. SPARKMAN. One of these eight schools?

Dr. FRY. Yes.

Mr. FENTON. I think the crux of this whole situation lies in the fact of the difference of opinion of pathological training. I have an open mind on this subject, and that is the reason that I want to ask these questions about pathology.

Dr. Fry, you stated that Ohio State, particularly, is giving an extensive course in pathology of the eye.

Dr. FRY. Yes.

Mr. FENTON. Of what does that consist? Does that comprise generally didactic lectures, or clinical material whereby they can practice what they hear?

Dr. FRY. It comprises both. Do you want an outline in detail?

Mr. FENTON. I would like that outline in detail.

Dr. FRY. The larger part of our curriculum is pointed to just that phase of the practice of optometry, starting in in the first 2 years. We give them basic sciences such as zoology, bacteriology, physiology, and general histological and ocular anatomy. Based on these sciences, we have subsequent courses and general pathology, histopathology, and applied pathology of the eye. The applied pathology of the eye is designed primarily to aid optometrists in the recognition of pathological conditions.

In addition to that, each student goes through a year of clinical practice in optometry, each examination of which includes a preliminary examination for the determination of the presence of a pathological condition.

Mr. FENTON. Do they have any laboratory work in pathology?

Dr. FRY. We have special laboratory work in the technique of the use of the ophthalmoscope, in the use of the perimeters, and other devices for use in the examination of pathological conditions, in addition to the clinical practice.

Mr. FENTON. Do they examine tissues?

Dr. FRY. Yes. That would be done in histopathology.

Mr. FENTON. How long a course do they have in pathology?

Dr. FRY. One course of three quarter hours in general pathology; one course of three quarter hours in pathology of the eye.

Mr. FENTON. How long are those courses?

Dr. FRY. In general, a 3-hour course includes 3 hours of work per week—in this particular instance, 3 hours of lectures and demonstrations for a period of 12 weeks.

Mr. FENTON. What about the clinical work?

Dr. FRY. The clinical work involves a sequence of three courses running throughout one academic year with attendance in the clinic for 3 hours on 3 afternoons during each week.

Mr. FENTON. How long has that course been in operation?

Dr. FRY. This particular course has been in operation since 1914. The 2-year course was inaugurated in 1914, and the 4-year course in 1916.

Mr. FENTON. You made the statement that the recent graduates are certainly considered adequately prepared. What do you mean by "recent graduates"?

Dr. FRY. Recent enough, at least, to be involved in military service. That is the point that I had in mind in my statement.

Mr. THOMASON. Thank you very much, Doctor.

Dr. EZELL. Mr. Chairman, I want to introduce Dr. Marlan E. McElwain, of Dayton, Ohio.

Mr. THOMASON. Dr. McElwain.

STATEMENT OF DR. MARLAN E. McELWAIN, DAYTON, OHIO

Dr. MCELWAIN. My name is Marlan E. McElwain, and I reside at Dayton, Ohio.

I was honorably discharged from the Army on May 11, 1945, having received a medical discharge because of stomach ulcers from which I still suffer. I am 36 years of age. After graduation from high school, I worked, because my mother was a widow, and I had two younger sisters to put through school. Beginning in 1933, I took some courses at Ohio State University, then entered the Optometry School and graduated, after finishing the full 4-year course. I am licensed to practice optometry. I practiced my profession until I enlisted.

Shortly after Pearl Harbor, in February of 1942, I went over to Patterson Field, at Dayton, to enlist in the Air Corps because I had heard that optometrists were needed, and I believed that I could serve best by doing work for which I had been trained. I had separate interviews with the post surgeon and the medical executive officer. Both of them told me that optometrists were greatly needed because a program had just been started to give the soldiers who needed visual care the necessary eyeglasses. Each one also suggested that there was a fine opportunity for optometrists in the Air Corps and that within a few months I should be at least a staff sergeant.

I enlisted, and with another optometrist who enlisted about the same time was assigned to the hospital to do eye refractions. The only hospital on the field at that time was an old frame building.

The equipment for examining eyes was very inadequate. The other optometrist and I used our own hand instruments, retinoscopes, and ophthalmoscopes. There was no available electrical outlet for modern instruments, so we had to use batteries.

During this initial period there was a lot of preparatory work to be done, such as cleaning up the place and making it as suitable as possible for the work we were doing. In the beginning, practically all whom we examined were officers who telephoned for appointments. They would ask for the "eye doctor," not knowing that we were privates. The clerks in the office were civilians—young women. It became a standing joke among them to call us "Doctor Private, you are wanted on the telephone." One incident stands out in my mind. I was cleaning windows and was handed the telephone through the open window in order that I might talk to an officer who wanted to make an appointment with the "eye doctor." I made that appointment for professional care sitting on a window sill, a telephone in one hand and a cleaning rag in the other.

While we were examining officers, there was hardly one of them examined by me who was not surprised that his eyes were being re-

fracted by a private. They asked me who I was and why I was there, whether I knew what I was doing, where I was trained, and why I wasn't commissioned, and if I were good enough to examine their eyes.

The procedure was so new that we made up our own forms, ruling them out in pencil. We were not permitted, however, to sign orders for the glasses—this being the function of a medical supply officer who knew nothing of refraction and nothing of lenses.

About April 1942 it was found that I had no basic training and I was therefore taken off refraction and given my 13 weeks' basic training at Patterson Field. There was still need for optometrists and the eye refractions were piling up. After basic training was over, 10 other men from the Medical Department and myself were transferred to the Air Corps storage depot at the Ohio State Fairgrounds. We remained there for about 4 months, during which time we were giving physical examinations to civilians—civil-service employees. This did not mean I was making eye refractions, but merely giving acuity tests among other tests, such as blood pressure, weight, height, vaccination, and the like.

About October 1942, while still barracked at the fairgrounds, I was detached to Fort Hayes, also in Columbus, Ohio. There I did the work of an optician, fitting and dispensing eyeglasses. There was a medical officer there who did the refractions when he was at the hospital. About 2 days a week he went to other posts, and on those days I did the refractions. No physician saw the patient and the prescription blanks were previously stamped with the name of the physician. Drops were never used in making these refractions.

After 4 months at Fort Hayes the 11 of us were transferred back to the fairgrounds, where I contiued to make physical examinations until about June of 1943. At that time I was transferred back to Patterson Field, where I was assigned to make refractions. By that time, some new small buildings had been erected and I was assigned to one of these buildings where the soldiers were sent for refraction. Another optometrist and myself were doing this work.

I had been promoted to a private first class, refracting eyes, but I had to take my turn at kitchen-police detail just as all the other men.

Now I should like to tell how I became a corporal. Since there were only two of us refracting, it was necessary for the men to make appointments as long as a week or 10 days ahead. The practice was to post the names of those assigned to kitchen police about 1 day in advance and the kitchen-police assignments lasted for a full week. That meant that all the soldiers who had made appointments for that week simply did not get their eyes examined.

On one occasion the flight surgeon went by and saw a number of soldiers waiting around doing nothing. On inquiry he learned that they were there by appointment to have their eyes examined by me, but that I was on K. P. He communicated with my commanding officer to get me off the K. P. detail, but without success. Finally, the flight surgeon realized that the only way he could keep me off K. P. was by getting me another stripe, thereby making me a corporal. That was the last promotion—even though I was told at the time of my enlistment that being an optometrist I might be a staff sergeant in a few months.

Altogether I spent about 20 months at Patterson Field. I would estimate that during this period my fellow optometrist and I refracted

about 6,000 enlisted men. Not one of those cases was refracted under drops—cycloplegics.

Shortly after my return to Patterson Field, I was approved and recommended by the board for the specialized training program and was sent back to Ohio State University, my alma mater, to take a medical course. I remained there about a month. Just about that time, this program was discontinued and, since I had not been actually enrolled in medical school, I was sent back to Patterson Field. There I was reassigned to refracting. Although we optometrists were actually making the refractions, the prescriptions were signed by me in the name of the medical officer in charge. He was an ear, nose, and throat specialist and had nothing to do with my eye work, yet I had to sign his name to my records and prescriptions.

Mr. JOHNSON. With his consent?

Dr. MCELWAIN. We were ordered to do that.

Mr. HOLIFIELD. I would like to ask the witness what percentage of the men who you examined were personally checked by either an ophthalmologist or a medical-doctor supervisor?

Dr. MCELWAIN. At the time I came back to Patterson and spent a year and a half there, none of the patients that the other optometrists or myself examined were seen by a medical officer.

Mr. THOMASON. Let us finish the statement if we may, and then if there is time we will ask questions.

Dr. MCELWAIN. I continued refracting as a corporal, always running behind in my examinations, because of the great number of men to be examined and the fact that there were not enough optometrists to do the work.

Despite this lack of sufficient optometrists, in December of 1944 I was transferred out of the Air Corps into the Infantry, and shipped to Camp Gordon, in Georgia. The very first day there, while I was being processed through my routine physical examination, they learned that I was an optometrist, and since optometrists were needed immediately, the next day I was with the profile board taking visual surveys on the incoming men. After 2 weeks of this, I was assigned to a field survey.

At that camp, infantry soldiers were being trained and after training, were being shipped out. There was a definite routine and time schedule. It was necessary that the men's vision be surveyed and, if found defective, that they be refracted and receive their glasses, all within such time limits as not to interfere with their basic training schedule. There were only three optometrists at the eye clinic and the men requiring refractions were sent in such numbers that the backlog kept growing larger and larger. The situation, finally, became so bad that I was called on to help the optometrists after hours. I was on the field making visual surveys all day, and then worked until 10 or 11 o'clock at night in the eye clinic helping the other optometrists with refractions. This kept on until I was assigned to the eye clinic so that there were four optometrists refracting and examining at the same time. About that time I became ill. The constant pressure of work resulted in my getting peptic ulcer. I was hospitalized and within 1 week after my hospitalization, I received my medical discharge.

Shortly after I was detailed to the eye clinic at Camp Gordon, they discontinued the use of drops because it required too much time, as

under this procedure it was necessary to do a postcycloplegic examination to determine what correction the patient could wear.

During my service, which lasted 3 years, 3 months and 3 days, I not only had the opportunity for personal observation, but I talked with many optometrists with whom I came in contact in the Army. I learned that the situation was uniformly bad; there were not enough optometrists to make all of the refractions necessary. No matter where the optometrist was, there was always a long list of soldiers waiting to be refracted. The lack of optometrists necessitated the speeding up of refractions to such a point that the soldiers doubted their value. They were always dubious because the optometrists who were doing the refracting were privates, or corporals. There was always a lot of questioning by the men as to what we knew about examining eyes. This situation was so common that we were told by our medical officer that if we had any trouble with anybody above our rank that we should not argue with him, but to send him directly to the medical officer who would give the soldier the necessary assurance of our ability to make the refraction.

This picture is not a pleasant one. There were never enough of us. We were always behind in our work.

As one who has had 3 years of actual experience, I suggest that the only way to remedy the situation, restore confidence in the soldiers, and lend proper dignity to the highly professional work which we do, is by approving this bill, H. R. 1699.

Mr. ELSTON. May I ask you what your grade was after you had completed more than 3 years of service in the Army; were you still a corporal?

Dr. MCELWAIN. Yes, sir.

Mr. THOMASON. Thank you, Corporal.

Now, doctor, the committee would recess. If there are any others present whose statements you would like to submit for the record, it may be done. I do not speak with authority, but I understand from the chairman that there will be further hearings on this matter for those of you who want to be heard later. Colonel Hall probably, and Surgeon General Kirk of the Army will appear in opposition to the bill. If you will submit those statements, then the committee will go into executive session.

Dr. EZELL. We have two other witnesses, Dr. Leslie Burdette, and Dr. H. Ward Ewalt, who desire to be heard, and I believe you stated we could have a further hearing Tuesday, and we will be here Tuesday.

Mr. THOMASON. That is subject to the approval of the chairman. The next regular meeting of the committee, I judge from what he said to me this morning would be Tuesday morning, but whether he has this scheduled for that time or not, I do not know. You better take it up with the clerk.

Mr. SHORT. We will confer with the chairman and try to arrange that because I would like to have these other two witnesses heard.

Mr. THOMASON. These statements can go into the record, and then if the hearings are resumed they can be heard at that time, especially if they are from Washington.

(Thereupon the committee went into executive session at the conclusion of which an adjournment was taken until Tuesday, July 3, 1945, at 10:30 a. m.)

OPTOMETRY CORPS

TUESDAY, JULY 3, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. The Chair would like to state for the record he is very grateful to Mr. Thomason, ranking member of the committee for conducting the hearings on H. R. 1699 at a time when the Chair was unable to be present, due to other engagements on official matters.

I understand the hearings have gone on quite speedily and very satisfactorily.

Dr. Ezell, president of the American Optometric Association, has perhaps concluded his statement. Dr. Ezell, do you have anything further you care to say?

Dr. EZELL. Yes, sir; we have two witnesses we would like to present.

The CHAIRMAN. I will call first Dr. Leslie R. Burdette, and we will continue the hearing.

STATEMENT OF DR. LESLIE R. BURDETTE, SALEM, OREG., PAST PRESIDENT, AMERICAN OPTOMETRIC ASSOCIATION

Dr. BURDETTE. My name is Leslie R. Burdette, and I reside and practice optometry in Salem, Oreg. I am a past president of the American Optometric Association having held that office for 2 years. I was a trustee of the association from 1936 through 1942. At the present time, I am president of the Oregon State Board of Examiners in Optometry.

Because some of our witnesses had to return to their homes last week, it became necessary to call them then. In order to present optometry's position, I would like to state our points in rapid succession and then go on from there

The profession of optometry has a definite, specific, and permanent place in the health care pattern in the United States.

In civilian life, 7 out of 10 persons requiring visual care, voluntarily consult the optometrist for his professional services.

Before admission to practice, an optometrist must be graduated from an optometry school or college offering the minimum of a 4-year course, and he must also pass a State board licensing examination.

Optometrists are licensed to practice by laws enacted in every State, and in the District of Columbia by congressional act.

Optometrists compose the only group specifically educated and trained for the examination of eyes and the correction and care of visual defects.

Optometrists are the only persons exclusively licensed to examine eyes and care for visual defects.

Optometrists are not only educated, trained, and equipped to correct and improve vision and visual functions, but in addition to detect pathology and refer cases of suspected or actual pathology for other professional care.

Immediately after defective teeth, poor and defective vision is the next highest reason for the rejection of those physically examined for military service.

The War Department has estimated that a minimum of 18 percent of the men in service require visual care and aids.

In the Army, as in civilian life, there are not nearly enough trained professional personnel to make the necessary examinations, prescribe for and correct defective vision.

Only about one-quarter of the optometrists who are in the Army are presently engaged in practicing their profession.

Those who so practice, cannot as optometrists, rise beyond a noncommissioned rank and there are therefore many hundreds of optometrists who have sought and attained commissions in other branches of the Army, with the result that their services as optometrists, though greatly needed, are not utilized.

The Medical Department of the Army has consistently and repeatedly made urgent requests for optometrists in the ranks, to make known their qualifications as such, because of the great need for optometrists.

Professions of similar status to optometry, such as medicine, dentistry, veterinary medicine, even nursing and pharmacy which are subsidiary professions are all in separate corps with commissioned rank. Granting these professions their proper recognition and refusing similar recognition to optometry not only work an injustice but also have other grave results.

Both commissioned and enlisted personnel of the Army, having received visual care at the hands of optometrists in civilian life, have little respect or regard for the services rendered by optometrists in the Army, even though the services may be of the same kind and quality as in civilian life, because the services are furnished by men who as privates or corporals frequently underrank the soldiers whom they examine. This results in lack of respect for the visual care afforded by the Army and tends to lower morale.

The lack of a commission restricts the Army optometrist in the exercise of his professional judgment and discretion and thus tends to lower his morale.

Optometrists have been recognized and granted commissions in the Navy these past 4 years and they have rendered excellent service.

I am particularly interested in that statement, because it occurred during my administration as president of the American Optometric Association.

The soldiers in the Army are being denied the best available visual care and a group of professional men are being restrained from exercising their professional judgment, because of a competitive group in civil life, who dominate the situation in the Army.

A separate Optometry Corps should be established in the Medical Department to grant this profession which is so vital and necessary for the preservation and correction of good vision the same autonomy as have the other professions which have their own corps.

There always exists a certain amount of confusion respecting the groups who either singly or together render complete visual service.

Colonel Vail was asked to give definitions and in his definition, as well as in his testimony, the full scope and breadth of optometry were not stated. May I therefore give you the following definitions?

An optometrist is one who is engaged in the practice of the science and art of visual care which is devoted to the examination of the eyes, the analysis of the ocular functions, and the employment of preventive and corrective methods and agents of an optical and photic character for the relief of visual and ocular anomalies. The optometrist is the only practitioner engaged in the examination of the eyes and the correction of visual anomalies who specifically demonstrates to legally constituted authorities in the form of State boards of examiners specific qualifications for this important work.

An ophthalmologist is a physician who, after having graduated from medical school, has taken sufficient work on the eye to entitle him to be examined by the American Board of Ophthalmology. This is a self-appointed body which gives its own examinations to those who have fulfilled its own requirements. According to the 1944 records of the American Medical Association, the number of opthalmologists who have qualified for and passed the examination of the American Board of Ophthalmology is 1,819. From this figure alone—1,819—it is apparent how comparatively few physicians have taken the training and the trouble to qualify for and pass this examination.

An oculist is any physician who designates himself as specializing, among other things, in eye work. He usually has a knowledge of eye, ear, nose, and throat work. There is no legal, academic, or professional requirement which he has to pass before he can set himself up as an oculist, and any registered physician may do so. He has only to answer to his own conscience whether he things he is capable of specializing and practicing upon an organ as important as the human eye. There are 4,363 oculists in this country according to the 1944 list of the American Medical Association, and we must bear in mind that only a portion of the time devoted to practice by these oculists relates to the eye, the rest being devoted to their other specialties.

There is also a group known as opticians. These men are strictly mechanics who prepare and assemble the material necessary to carry out the prescription of the ophthalmologist, oculist, and optometrist. These men are in the same category as the phamacist who fills the prescription of the physician for drugs.

Previous witnesses have told of the optometrist's educational requirements. These courses give him broad training and qualify him—

1. In the examination of the human eye to ascertain the presence or absence of disease or disorder within or about the eye and the presence or absence of defects, abnormal conditions or visual behavior, and, if present, which may be corrected, remedied, or relieved by the use of training or exercise or by lenses, prisms, or other ophthalmic devices.

2. In the employment of objective or physical means to determine the refractive condition (farsighted, nearsighted, or astigmatic); to determine the accommodative condition (focusing ability); and to determine the range and powers of vision and the ability and ease with which a pair of eyes maintains clear vision at any distance of fixation.

3. In the adaptation or the adjustment of lenses and prisms and the use of orthoptic training or other coordinating methods, to correct, relieve, or remedy the effects caused by defects or abnormal conditions of the human eye or of the two eyes in associated vision.

4. In the development and reeducation of the visual skills, thus increasing visual efficiency and rehabilitating many who otherwise would be handicapped. This type of service has been of value in the present war emergency, since it has been found that there was a very considerable number of people who were below the standards set for military service. It has also been demonstrated that such services are of even greater value in the rehabilitation of those engaged in war production.

The ultimate sought by the optometrist is to enable the patient not only to see clearly but to see with speed, comfort, and with greatest possible efficiency.

Colonel Vail, in his statement, implied that the usefulness of optometrists is very limited. The scope of optometry is far broader than this implication.

Simply to refer to some of its fields, I mention: Telescopic spectacles, which enable the near blind to achieve a sufficient degree of visual acuity to permit them more useful vision. Contact lenses, which are invisible lenses which fit under the eyelid; they are used for the correction of conical cornea and other high visual defects. Highway safety, which involves a study and understanding of depth perception, dark adaptation, color blindness, and visual fatigue. Industrial vision, which requires determination of the most useful work a person can do according to the degree of vision he possesses. Reading and comprehension problems in education, which involve development of greater reading facility and learning capacity. One of the most important functions of the profession of optometry is visual training. Seeing is a skill. It is something that has to be learned like walking and swimming. The eye itself is only an instrument of vision. Sight is a brain process dependent for its correct function on a number of factors with all of which optometrists must be fully familiar.

In the Army, good vision means life itself. The eyes must be effective at a distance to see and instantly identify friend from foe; to observe and identify the plane, the tank, the armored car, anything which moves in this war of motion. At near point the eyes must be effective to read maps, watch instrument panels, set fuses, and perform with speed and correctness the countless visual tasks to which they are subjected during all the soldier's waking hours.

As the enemy stealthily approaches from behind hedges and out of foxholes, good vision determines whether thousands of our fighting men will ever again see the light of the morrow.

The letter of the War Department of March 21, 1945, read into the record at the beginning of these hearings raises three main objections.

It is claimed that optometrists are not trained in the recognition of pathological conditions of the eye or diseases which may present eye symptoms and that only a medical officer fully trained in ophthalmology should have such responsibility.

Secondly, it is stated that the services which optometrists offer are only of a technical nature; that they are presently being used to their fullest extent as technicians.

Thirdly, it is contended as technicians, optometrists should be under the supervision and control of medical officers.

These are not new contentions. They are rather standard or stock arguments which for years have been made against optometry by those

who are opposed to it. The opposition stems from the same source whence it has always come—the economic competition of another group engaged in the same work as that in which the optometrists are engaged.

The matter of training in the recognition of pathology has been very well answered by Dr. Wolfe and Dr. Fry. Dr. Fry told of the rigid educational training and Dr. Wolfe spoke from his own broad experience.

Mr. SHORT. Not merely as an optometrist but as a doctor of medicine?

Dr. BURDETTE. That is right. Dr. Wolfe is both a doctor of medicine and an optometrist.

Mr. SHORT. And operates a large hospital?

Dr. BURDETTE. That is right—in Iowa.

In contrast to the hundreds of hours optometrists spend in study of the eye, it is not amiss to point out that those who profess omniscience with respect to all matters pertaining to the human body, and who claim to be the only ones qualified and capable to detect and diagnose pathology of the eye, take no more than from 48 hours to 96 college hours upon the eye in medical school.

In 1941 the Public Health Bureau of the American Optometric Association, at the request of Dr. C. E. Rice, chief ophthalmologist of the United States Public Health Service, conducted a survey to determine the actual extent of professional cooperation between optometrists and ophthalmologists. Nine sample cities were selected—Atlanta, Boston, Cleveland, Dallas, Denver, Minneapolis, San Francisco, Spokane, and St. Louis. Forty-five hundred questionnaires were distributed to optometrists practicing in these cities and about 4,200 of them were returned. This survey showed that all optometrists have one or more ophthalmologists or oculists to whom they constantly referred patients. In fact, the majority of optometrists who replied named three or more medical practitioners to whom they made referrals. As of 1941, the Bureau had on file the names and addresses of 3,794 ophthalmologists and oculists to whom such referrals were made of patients evidencing pathology.

The surest way of proving that optometrists do know how to detect pathology of the eye is to ask any ophthalmologist or oculist whether he receives referrals of patients with pathological conditions from optometrists. The answer will be a resounding "yes." A substantial percentage of the practice of ophthalmologists and oculists in civil life is derived from these referrals.

It ill becomes those antagonistic to optometry to claim that optometry cannot recognize pathology when they are the very beneficiaries of the fact that optometrists can and do recognize diseases of the eye, and they receive the economic benefits of having cases referred to them.

The second contention of the War Department attempts to belittle and deprecate the work which the optometrists does and seeks to put him in the classification of a mere technican. Merely stating that the functions which optometrists perform are primarily mechanical does not make them such. And such is not the fact.

The work of the optometrist is no more "purely mechanical" than the work of the physician who goes through the same tests, patient after patient, over and over again. He feels the pulse, he takes the blood pressure, he takes the temperature, he listens to the heart, he

listens to the lungs, he may cause some biochemical analyses to be made and then he may look for the particular symptoms of the specific illness he suspects. He puts all of these findings together and he comes to a final diagnosis, a diagnosis so important that it spells either life or death in many instances. So does the dentist perform mechanical acts. He pulls the tooth or he prepares the cavity for a filling, he mechanically takes impressions for inlays, bridges, or full dentures. Yet while he does this work, he must call upon his skill and ability, his judgment and discretion in deciding what is best for the patient and how this "best" shall be accomplished. So, likewise, does the optometrist. He utilizes certain instruments and tests to make findings. Parenthetically, I should like to add that these highly developed instruments which are so necessary for the correct diagnosis of visual defects have in most instances been invented or considerably improved by physicists and optometrists not by physicians. The findings require professional ability to integrate. Many times these findings, just as the symptoms found by physicians, may indicate several disorders and only the skill, training, and experience of the optometrist permit him to disregard conflicting findings, emphasize others, and come to the proper conclusion and solution.

There is nothing more sacred or mysterious about the refraction of eyes when the physician does it than when it is done by an optometrist.

There is not a physician who would not shout from the housetops that when he refracts a patient's eyes that he is performing a highly profession act and that he is practicing a profession. Yet, when the optometrist makes the same refraction and uses not only the same instruments but many others, the Secretary of War on the advice of his Surgeon General, solemnly declares that the optometrist performs functions which are "primarily mechanical."

The last point raised by the War Department is that the services of optometrists should be under the supervision of medical officers. A previous witness has made this objection more theoretical than practical. For reasons of administration, it may be proper to have a medical officer "in charge" to receive orders from superiors and delegate them for execution. But to imply that a medical officer should supervise and control an optometrist is fallacious. The services which the optometrist performs are most akin in type to those which a dentist performs. While it may be proper to have a medical officer in charge of a unit where dental services are furnished by officers in the Dental Corps supervision and control by such a medical officer over the dentists in the performance of their professional services approaches the ridiculous.

In civil life, optometrists are not supervised or controlled by physicians and yet 7 out of 10 of the public who require visual care voluntarily seek the optometrist.

There are not enough ophthalmologists and oculists in the Army to do the supervising even if the War Department wanted it. Colonel Vail stated that refractions were made under supervision. A refraction can only be made by looking directly into the patient's eyes through a number of instruments. The only way a refraction can be supervised is by the supervisor doing the whole thing over himself. He cannot supervise except by looking into the patient's eyes himself. There certainly are not enough eye men in the Army to do the work over twice.

In the majority of instances, the medical officers in charge are expert in every branch of medicine other than the eyes. There are general practitioners, surgeons, heart specialists, lung specialists, obstetricians and practioners in all of the specialties. These men, however, know very little about the eye and far less about its visual functions. When the medical officer in charge is not an opthalmologist, he can do nothing else but rely upon the optometrist. Even when the officer in charge happens to be an ophthalmologist, he is perfectly content, in fact happy, to allow the optometrist to do all of the refractions. The ophthalmologist in more than busy attending to diseases and surgery of the eyes. His time is occupied with those important functions. Having an optometrist to make refractions and prescribe relieves the ophthalmologist of work that he could not possibly find time to do. That is why the War Department has been continually calling for more and more optometrists.

Mr. SHORT. Pardon me, Dr. Burdette; I hesitate to interupt you, but I am just wondering how much supervision that corporal had who refracted more than 6,000 cases.

Dr. BURDETTE. I believe he said in his statement he had no supervision.

Mr. SHORT. Of course not.

Dr. BURDETTE. And speaking of the corporal, Mr. Congressman, the best answers to the War Department's claims were made by Corporal McElwain who testified here last week. Only a few optometrists have been discharged thus far and I have here sworn statements from some who are now out of the Army. I would like to read one or two and file the rest for the record. They are in affidavit form.

Mr. SHORT. This letter you are reading is typical of the others you want to include?

Dr. BURDETTE. That is right; yes.

Mr. SHORT. But they are discharged and are free to speak now?

Dr. BURDETTE. Yes.

Mr. SHORT. And the others, perhaps, in the Service would speak if they could?

Dr. BURDETTE. I imagine they would.

Mr. SHORT. I have a good many letters myself.

Dr. BURDETTE. This letter is under date of June 27, 1945, from Lehighton, Pa., and is addressed:

ANDREW J. MAY,
CHAIRMAN, AND MEMBERS OF MILITARY AFFAIRS COMMITTEE,
House of Representatives, Washington, D. C.

HONORABLE SIRS: I beg your indulgence in the following facts concerning myself and the bill before you concerning the commissioning of optometrists in the Army of the United States:

(*a*) I am a licensed optometrist in the States of Pennsylvania and New Jersey, practicing 7 years before entering the United States Army in 1942.

I attended Muhlenburg College and graduated from the Pennsylvania State College of Optometry.

(*b*) I was inducted into the Service in October 1942 and served until December 1944, receiving an honorable discharge at that date.

(*c*) Except for a period of 4 months' basic training, my Army career consisted mainly of duties concerned with my profession. I started at Camp Carlson, Colo., and there worked next to the nose and throat clinic. For a time I was the sole eye examiner, examining, refracting, prescribing glasses, and doing ophthalmoscopic examinations to detect pathology of as many men as 20 a day. Frankly, a thorough job of refraction could not be done in so short a time, but since there was a terrific lack of help, the results we got were excellent.

For a time, an Army medical officer also did refractions in a booth next to mine. His confidence in me was very high, and in many instances he asked my opinion concerning any ocular pathology he came across.

At no time did he check my refraction work nor did he see any patient I took care of, except the ones I referred to him for pathological treatment, the percentage of these cases being the normal amount found in any such group. His biggest surprise, he claimed, was my ability to recognize and refer pathological eye cases to him; saying that he knew nothing of an optometrist's ability since this was the first time he had come directly in contact with one and his work. The number of cases we examined with drops or cycloplegics were only about 10 percent of the total cases; and of these, I should say they were thus examined to corroborate pathology which he or I suspected.

He never watched me work directly except at the time we both looked at a pathological case with the ophthalmoscope.

All prescriptions for glasses were signed by a third medical officer who signed the prescriptions and, not being an eye man, never knew what he was signing.

With the responsibility thrust upon me, I was then a private.

(*d*) After about 6 months I was transferred to another camp where we had 8 to 10 optometrists working steadily from morning to night. Here the whole department was run by optometrists, with 1 ophthalmologist who looked at any pathology which the optometrists referred to him. We did as many as 2,500 refractions a month. We were always short of optometrists and the commanding officers were always writing to the service command for more ophthalmologists or optometrists which they never received due to the shortage.

Our work here consisted of a thorough eye examination for pathology, then a refraction if none were suspected, then visual fields and muscle tests if they were indicated.

Our ophthalmologist was an assistant at the medical school prior to his entering the service and two or three times he and the other members of the hospital unit wrote to the Adjutant General's Office asking that the optometrists be commissioned due to the fact that they were doing professional work in a superior manner, and that "without us they would be unable to continue the work of the clinic and men would be unable to go overseas because of poor vision"; but each time the request came back refused, and we remained privates and corporals.

Here the work was done in some cases with drops, and in other cases without. The only time the value of the drops was used was when we suspected pathology. I might add that in the majority of cases we detected the pathology without drops, but used the drops to further demonstrate the presence of the condition. We discovered many cases of visual malingering, and all this work was done without the aid of an ophthalmologist. Thus it is obvious that he could not check any refractions, since it was almost too big a job for the 10 optometrists to do 2,500 a month, so how could 1 man check 2,500 a month? Here, too, we showed the fallacy of stating that optometrists were unable to recognize pathology and refer it to the proper authority.

The prescriptions were signed so fast that the officer who even signed them was, I believe, a clerk before the war—certainly not anyone connected with the medical or optometry profession. Later on, this officer was transferred and a commissioned optometrist was used to sign the prescriptions.

That would be commissioned under the Administrative Corps and not as an optometrist.

At this same clinic the officers begged us not to go to O. S. C. or the A. S. T. P. program because we were badly needed in the clinic.

Again, I reiterate that the medical officers were seldom present during these examinations. The majority of times the optometrists were solely responsible. At one time we were requested to try and train general physicians to do eye work.

(*e*) I was then transferred to another camp. At this point, for quite a while, I was the only professional eye man there, since the man they had (an eye, ear, nose, and throat man) was too busy taking care of the nose and throat cases. It was my responsibility to do all the eye work, and naturally to diagnose the presence of any ocular abnormality in the form of pathology. Some cases were done with drops, but the majority were done without at the request of the medical officer, who did not believe drops should be used in all cases. At one time it was my duty to check specifically for pathology, as many boys had to be ex-

amined for overseas duty. At this camp I also had to examine many medical officers, since this was one of the camps many had to pass through. By far, many of them expressed dissatisfaction and stated it was unfair, that with the work I was doing, I remained a corporal. (Many enlisted men objected to a corporal examining them.)

All prescriptions I gave were signed by officers, many of them never having done a refraction or used an opthalmoscope since their training in medical school.

I received letters from my commanding officers (eye men, and eye, ear, nose, and throat men) commending me on my ability as one who carried on "his professional eye duties excellently."

I trust that you honorable gentlemen will correct such an unfair situation in which the service optometrist finds himself.

This is signed by N. A. Zevin. When he was discharged he was a technical sergeant, fifth class. And that has been sworn to. Now I have several others here.

The CHAIRMAN. File the others.

(The letters above referred to are as follows:)

HENDERSON, N. C., *June 28, 1945.*

HON. ANDREW J. MAY, AND MEMBERS OF HOUSE MILITARY AFFAIRS COMMITTEE,
Washington, D. C.

HONORABLE SIRS: My name is Wayne Wilson Boutz. I am an optometrist, duly licensed, registered, and am practicing in Vance County, Henderson, N. C., and recently discharged from Air Forces, in which capacity I also served as an optometrist.

My experiences in the Air Forces are as follows:

I was sent to camp for basic training, but this was curtailed very much when it was discovered I was an optometrist. I was then sent to the chief eye clinic, where I remained until I was discharged (honorably).

This eye clinic was composed of a staff of three ophthalmologists and twenty-some optometrists, with one of the ophthalmologists serving as chief of clinic. However, there was an optometrist, who was a noncommissioned officer who arranged and ran the clinic as best he could and did a fine job.

The job of the clinic was to screen and refract all the new incoming men. The number of men which case through daily varied from 100 to 1,000. The optometrists did all this work, the only connection the ophthalmologists had with these men was when they were called by an optometrist, who had discovered some ocular pathology.

The refractions and examinations were all done by the optometrists without the use of drops and without the supervision of anyone. Occasionally a patient was found in which drops were used and when that happened, the drops were administered, again without direction and supervision of the medical profession.

During lull periods (which were very few) the medical men and the optometrists would talk over their work. On many occasions our chief and the other members of the medical profession would tell us that they had no idea that we, as optometrists, were so well qualified to do our work and in the detection of pathology. They were greatly surprise and readily admitted it. For this reason, we had very little direct supervision as far as our work was concerned and because of this we always did what we thought was best and for the benefit of the soldier.

My personal experiences were that of evaluating the prescriptions found by the other men and ordering the lenses and frames needed as I thought best, with no supervision of any kind from anyone. The balance of my day was done in the refracting room where many, many times I did more than 35 examinations per day. I have no idea as to the total number of examinations and refractions done while in the services, but it is well up in the thousands.

I swear that the above is true to the best of my knowledge as I was a member of the said clinic.

WAYNE W. BOLTZ, O. D.

STATE OF NORTH CAROLINA,
County of Vance:

Sworn to and subscribed before me this 28th day of June 1945.

[SEAL] ——— ———, *Notary Public.*

My commission expires July 3, 1945.

(Rank at discharge was corporal.)

ST. JOSEPH, MICH., *June 28, 1945.*

HON. ANDREW J. MAY AND HOUSE MILITARY AFFAIRS COMMITTEE MEMBERS,
Washington, D. C.

HONORABLE SIRS: I have been a licensed optometrist practicing in the State of Michigan since December 17, 1940, and at present am practicing in St. Joseph, Mich.

I was discharged honorably from the United States Army in December of 1944 after serving 2 years and 2 months. All but the first 7 weeks of that time was spent doing the work of optometry for the Army. Twenty months of my services were put in at the station hospital, Fort Brady, Mich., where, at one time, more than 10,000 men were stationed. I did all of the eye examinations there, while an eye, ear, nose, and throat major took care of the ear, nose and throat work. The only eye patients he saw were those I referred to him after having detected pathology in them. He then made the diagnosis and supplied the treatment. This is exactly as I do in my own office.

The only other assignment I had was at the Crile General Hospital, Cleveland, Ohio, which at that time was 1,700 beds. I understand it is much larger now. There we had 3 optometrists doing the refractions. This clinic handled about 65 patients daily.

In both of these clinics the prescription for the glasses was signed by the chief of the eye, ear, nose, and throat service, but neither of them ever doubted or checked the prescription we recommended.

At Fort Brady none of the refractions were done under cycloplegics unless pathology was detected by me, while at the Crile General Hospital only about 50 percent were done under drops.

In my opinion the optometrists are doing a really fine job for the Army without receiving the slightest amount of recognition for their work. They are deserving of commissions because of this fine job. They have handled the vast Army spectacle-fitting program in almost every camp in this country and overseas.

All of the medical doctors that I served with in the Army felt that we were entitled to commissions because of the important work we were doing. I am certain that the chiefs of the eye, ear, nose, and throat services would heartily recommend commissions for those optometrists who have so capably taken over the refraction end of their clinics if they were allowed to make their opinions known. And who knows better than they do the job that these optometrists have and are doing.

Hoping that you and your committee will do everything possible to do justice to the optometrists in the Army and to the profession by getting these commissions, I remain

Respectfully yours,

GEORGE W. TICKNOR, O. D.

STATE OF MICHIGAN,
Berrien County:

All of the foregoing statements are true.
Sworn to and subscribed this 28th day of June 1945.

FRED A. POTTER, *Notary.*

My commission expires May 5, 1948.
(Rank at discharge was staff sergeant.)

BROOKLYN N. Y., *June 29, 1945.*

HON. ANDREW J. MAY, CHAIRMAN,
AND MEMBERS OF THE HOUSE MILITARY AFFAIRS COMMITTEE,
Washington, D. C.

HONORABLE SIRS: I am a licensed optometrist of the State of New York since January 1923.

On November 9, 1942, I was inducted in the United States Army and was assigned to a medical detachment at the Charleston port of embarkation, where I arrived on November 20, 1942. On April 1, 1943, I was assigned as an optometrist of the eye, ear, nose, and throat clinic which was then organized. I served as an optometrist at this port from that date until September 23, 1944. During this time I did most of the refractions which on some days were from 35 to 40. These refractions were for the most part done without the use of drops, which were used only in difficult and pathological cases. In all cases

where there was any evidence of pathology, the cases were referred to the medical officer in charge.

During the entire time that I served as an optometrist the major and the captain who were in charge at different periods were fully satisfied with my work and placed full confidence in my ability to do the work. I have been personally complimented by the officers, enlisted men and dependents thereof for my proficiency and competency, which has been a source of great pride and satisfaction in being able to serve my country and fellow beings to the best of my ability.

Respectfully yours,

LOUIS EICHENBAUM,

REBECCA MARKOWITZ,
Notary Public, Kings County, N. Y.

Commission expires March 30, 1947.

(Rank at discharge was technician, fifth grade, June 29, 1945.)

BAYONNE, N. J., *June 28, 1945.*

HON. ANDREW J. MAY, CHAIRMAN, HOUSE MILITARY AFFAIRS COMMITTEE, AND MEMBERS OF COMMITTEE,
Washington, D. C.

HONORABLE DEAR SIRS: I am writing the following pertinent facts that bill H. R. 1699 establishing an Optometry Corps within the Army of the United States be acted on favorably.

I am a graduate registered optometrist. I am licensed in the States of New Jersey and Illinois, having successfully passed State board examination in 1937.

I have been in practice in the State of New Jersey since 1937. I was inducted into the Army in October 1942 and was honorably discharged September 1943. I was classified as an optometrist with the M. O. S. No. 452. I was assigned and performed my military duties in the eye clinic at the station hospital at Fort Dix, N. J.

Four other optometrists and I refracted and prescribed for the visual needs of all military persons in need of such care. We optometrists did the following work or duties in the eye clinic: (1) Refracted without drops, (2) determined if a pathological condition was present, (3) prescribed the glasses if no such condition (pathology) existed and gave the blank to officer for signature, (4) if pathologic condition present referred to oculist, then if so ordered did refraction with drops, (5) fitted and adjusted the prescribed glasses to patient, (6) in no case were we allowed to sign any of the papers or prisciption blanks.

It is only fair that the optometrist be recognized by the Army for the work he is performing and qualified to perform. The optometrist is actually the person who corrects and prescribes for the visual needs of all military personnel in need of such care.

Yours truly,

IRVING WEININGER, O. D.

(Rank at discharge was private first class.)

INDIANAPOLIS, IND., *June 28, 1945.*

HON. ANDREW J. MAY AND HOUSE MILITARY AFFAIRS COMMITTEE MEMBERS,
Washington, D. C.

HONORABLE SIRS: I am licensed to practice optometry in the State of Indiana and have been in practice since 1933.

On June 3, 1942, I was inducted into the Army as a private. Following some 6 weeks of basic training in the Medical Corps at Camp Grant, Ill., I was sent to Fort Bragg, N. C. There I was assigned to a general hospital. Within a very short time I was sent to the eye, ear, nose, and throat clinic of station hospital No. 3. Upon arrival there I was informed by the medical officer in charge that he had not been doing any refractions due to lack of time and from then on I did all refractions. I made all ocular examinations as I saw fit and none was done under cycloplegics. Where I found any signs of pathology I sent the men to the medical officer for consultation. In some cases he would use drops to enable him to make a more thorough study of the fundi.

Within a couple of weeks the commanding officer decided to centralize all refractive cases so I was then sent to the eye, ear, nose, and throat clinic of station hospital No. 2. There the clinic was housed in two buildings. In one the medical officers saw cases and in the other we optometrists did all refractions and the opticians handled the filling of our prescriptions. All of our examinations were made without drops unless we found a man whose vision we could not bring up to the Army standard of 20/40, whose fundus showed no signs of pathological interference. In those cases of suspected malingering we dilated the pupils to make further fundi studies. If we found pathological conditions we sent the soldier to one of the medical officers. They sometimes made their examination under drops but not in all cases.

I personally averaged 16 refractions per day during the 8 months I was stationed at Fort Bragg.

In about April 1943 I was transferred to Camp Rucker, Ala., where again I was put to work in the eye, ear, nose, and throat clinic. This clinic was much smaller than at Bragg. The one medical officer and we optometrists worked in adjoining rooms. Here most of the refractions were done under drops but this made it necessary to see the soldier twice as we had to do a posteyclo. Whether the refraction was to be done with or without drops was very often decided by the noncommissioned officer in charge, who was neither a physician, optometrist, nor optician. He had been an optical salesman before his induction into the Army.

As an optometrist I did not receive credit for my professional work as I could only initial all final prescriptions written by me. The medical officer then signed his name to my prescriptions.

Regarding supervision of our work by medical officers I believe the foregoing statements to be conclusive evidence of the absence of direct medical supervision.

Very respectfully yours,

ROBERT LEDIG, O. D.

The above statements are true:

STATE OF INDIANA,
County of Marion, ss:

Subscribed and sworn to before me this 29th day of June 1945.

[SEAL] WANDA HARTMAN,
Notary Public.

My commission expires October 20, 1945.
(Rank at discharge was technician, fourth grade.)

Dr. BURDETTE. The beginning of optometry may be traced to the early astronomers and physicists. Progress in visual care was slow because the knowledge of eye structure and abnormalities was lacking.

It was in the United States that the merger of all previous ideas, theories, and inventions took place, out of which evolved the profession of optometry.

Up to 1900 there were no statutes regulating the examination of eyes and prescription of glasses and as the industrial and cultural development of the Nation brought about a demand for them, many unqualified people took advantage of the situation. In 1901 Minnesota was the first State to license and regulate the practice of optometry by laws; by 1924 all of the States, Territories, and possessions of the United States had passed optometry laws.

The table of the year and State is as follows:

1901—Minnesota
1903—California
North Dakota
1905—Oregon
1906—New Mexico
1907—Arizona
Montana
Idaho
Utah
Tennessee
Indiana
Nebraska
1908—New York
1909—Vermont
West Virginia
North Carolina
Delaware
Maine
Washington
Iowa
Rhode Island
Kansas
Michigan
Florida

1911—Oklahoma
New Hampshire
1912—Massachusetts
1913—South Dakota
Nevada
Colorado
Connecticut
1914—Maryland
New Jersey
1915—Arkansas
Wisconsin
1916—Virginia
Georgia
1917—South Carolina
Wyoming
Pennsylvania
1918—Louisiana
1919—Ohio
Illinois
Alabama
1920—Mississippi
Kentucky
1921—Missouri
Texas
1924—District of Columbia

In all of these State statutes, the physician is exempted and he therefore does not have to demonstrate his ability to correct visual defects to any qualifying State board.

As the profession of optometry advanced and new scientific theories were evolved and proved; as new techniques were conceived and adopted; as better eduated and trained optometrists graduated, as more and more States licensed and regulated the profession until it became Nation-wide, as the confidence of the public grew greater as each year passed and ever growing numbers of people sought the services of optometrists, there arose a deep-seated economic competition. This economic conflict between the profession of medicine and the profession of optometry started in 1900, continues to this date, and perhaps more than any other reason constitutes the underlying opposition to this bill.

I commenced by saying that optometry is a vital and necessary part of the health pattern of the people of this country and that statement holds equally as true whether the person is in civil life or in the Army. The best way of confirming this point is not to take any bare statement or that of any optometrist. Rather let me quote a few things that have been said about optometry by those who are not optometrists, or better still, by the ophthalmologists themselves.

During the administration of President Hoover, he appointed a committee known as the Committee on Costs of Medical Care, which was under the chairmanship of Dr. Ray Wilbur, who was then Secretary of the Interior. This committee made a study of several years' duration, considering all phases of medical care and its report covered many volumes. The impartiality of this committee cannot be questioned. The report stated:

> The medical profession has objected to the refraction of the eyes and the prescriptions of lenses by optometrists, since physicians considered this new work to come within the jurisdiction of medical practice. Nevertheless, relatively few physicians became oculists, and, of those who did, many were quite poorly qualified. In a large degree, the existence of optometry on its present basis is due to the failure of the medical profession to recognize the importance of this field and its failure to provide needed services. The training received by medical students does not qualify them to do refractions. The curriculum devotes relatively little time to the eye.

Since 70 percent of those needing visual care in civilian life voluntarily seek optometrists' services; since optometry is recognized in every State in the Union; since optometrists outnumber those physicians who either wholly or partly specialized in eye care by approximately two to one, one must realize that optometry occupies a definite place in the over-all pattern of health care in this country, and that a definite competition has arisen between the two groups.

We listened to the testimony of Col. Derrick Vail the other day and I am including here in the record his impressions as published in the Pathological Journal, of which he was editor in chief—the American Journal of Ophthalmology.

The CHAIRMAN. As I understand, Dr. Vail was editor of that journal?

Dr. BURDETTE. Yes, sir.

The CHAIRMAN. And these are his comments as editor?

Dr. BURDETTE. That is right.

The CHAIRMAN. You can just put that in the record, then, and Dr. Vail will be given an opportunity to respond to it if he wants to.

Dr. BURDETTE. Let me read what Dr. Derrick Vail, editor in chief of the American Journal of Ophthalmology wrote in 1941 in a four-page editorial concerning the two most important problems confronting ophthalmologists at the time—and I might say that these two major problems still exist. The first problem relates to the matter of "rebates"—the splitting of fees by the dispensing optician with the ophthalmologist who referred the patient to the optician for eyeglasses. The second problem relates to optometry and since it is so pertinent and contains so many facts and figures substantiating our statements and contentions, I shall quote from it at length.

Quoting from Dr. Vail's 1941 editorial:

The other problem, that of the relationship of the ophthalmologist to the optometrist is founded on two similar principles, those of the patient's welfare and the economic competition between the two groups. Due to the animosity between them, charges and countercharges have been hurled, many with justification, some without basis of fact. Without discussing the many knifings in the back that have been done in the past or going into bitter detail of l'affairs optometrique, let us look at the problem calmly.

In 1935, at Atlantic City, the section of ophthalmology of the American Medical Association declared that it is unethical for any member of the American Medical Association to give lectures or courses of instruction or to consult with anyone not associated with the actual medical service. In the last few years an effort was made to rescind this motion which was successfully accomplished, so far as the section was concerned, at its meeting in Cleveland in June 1941. Since this action was probably the result of the report of a subcommittee of the three major ophthalmic societies, it is interesting to review the matter in order to understand the change in heart of the section. Dr. Walter B. Lancaster, the chairman of the subcommittee, gave a brief outline of the enormous amount of discussion, the files of correspondence, and the unearthing of facts by which the committee came to its conclusions. He pointed out the millions of people in this country in need of eye care, beginning with the school children, continuing with young adults in need of eye care, in various industrial and other pursuits, and the mature adult with various complications pertinent to that age, and finally those of declining years with their special problems. Balanced against this is the supply of eye specialists to furnish this care. There are 2,000 certified ophthalmologists, and about 6,000 eye, ear, nose, and throat specialists. There are approximately 17,000 optometrists. If the eye cases were distributed in proportion to the number in those groups, he said, about 75 percent would go to optometrists and about 25 percent to the medical specialists. According to the data collected by manufacturers and distributors of optical equipment, 70 percent of the individuals choose to go to optometrists. The conclusion is inescapable, he stated, that there are not enough eye specialists and particularly ophthalmologists, to meet the needs of the whole population.

I am still quoting from Dr. Vail's article.

The committee was asked by the optometrists to study their course of education and offer suggestions for improvement. The request was obviously sincere and documentary data were freely supplied. The requirements for admission to schools of optometry, some of which are part of high-class universities, the years of training actually given, and the content of the curriculum were tabulated

and studied. Dr. Lancaster's report showed that the minimum requirement is 4 years, at least two schools have adopted a 5-year course, and one is talking of a 6-year course. Out of approximately 3,500 optometrists, 619 hold academic degrees from duly accredited colleges and universities apart from the optometric education.

Regarding the men who presently dominate or guide the affairs of the American Optometric Association, Dr. Lancaster said, "The committee with whom we met was made up of the president of the association and the members of the council on education. The chairman of the council is a member of the staff of the Mayo Clinic, one of the most influential and high minded of optometrists. Several of the members are ex-presidents of the American Optometric Association.

"It seems to us of great importance that those who guide the affairs of this very large organization (the American Optometric Association) should be men of this caliber. It shows that there must be a large enough number of men with admirable standards to elect such men."

I could continue with similar quotations from other eminent ophthalmologists made since that time, but I should like to conclude with another quotation from the same American Journal of Ophthalmology, the February 1945 issue.

This gave, under the heading of Society Proceedings, an abstract of the semi-annual meeting of the Department of Ophthalmology of the George Washington School of Medicine. A paper on Military Aspects of Ophthalmology was presented by Col. Frederic H. Thorne, Medical Corps, United States Army. I shall skip the technical details of the paper, but will quote what is stated about the forced refraction program. I quote now from the Journal of Ophthalmology:

The forced-refraction program has been unsatisfactory because of (1) a lack of available medical officers trained in refraction; (2) the difficulty in keeping spectacles on those required by regulations to wear them; and (3) the inability of the contracting optical firm to furnish the spectacles in sufficient time to prevent clogging of the flow of the personnel through the various training centers. Because of the lack of medical officers, the bulk of the refraction work has fallen on the shoulders of the enlisted optometrists, supervised by a medical officer.

* * * * * * *

Since the bulk of refractions falls upon the shoulders of enlisted optometrists, these men should be given adequate recognition, and it is recommended that those qualified be given a rating of warrant officer, junior grade.

This suggestion is a step in the right direction, but it fails to go far enough. Optometrists practice an independent profession—a profession which requires the application of professional judgment and they merit commissioned rank.

It should be made clear that any statements against medicine, relates only to that minority of physicians who are responsible for existing conditions. They are not directed against those who are as willing and anxious as optometry is to work together and cooperate in providing a maximum eye service to our armed services and to the public. They are intended only for that highly organized minority both in the Army and out, which through the years has always sought to belittle and drag down optometry to claim that optometrists are merely technicians, and that optometry must be subordinated to their whims and wishes.

It is for these reasons that I respectfully urge favorable consideration for this bill, H. R. 1699.

The CHAIRMAN. Does that conclude your statement?

Dr. BURDETTE. Yes, sir.

The CHAIRMAN. Are there any questions?

Mr. FENTON. Dr. Burdette, does the State of Oregon hold optometrists liable for any mistakes they might make?

Dr. BURDETTE. If they cause injury to the patient, you mean, Doctor?

Mr. FENTON. Yes.

Dr. BURDETTE. I presume anyone would be liable to suit, no matter whether he was a professional man or not.

Mr. FENTON. Does the Supreme Court of the State of Oregon so hold?

Dr. BURDETTE. I do not know whether a test case has ever been made. If it has, I am not aware of it.

Mr. FENTON. I know of one particular State where the Supreme Court so holds—that they are not liable.

Now, did I understand you to say that one-quarter of the graduates in optometry do not practice optometry?

Dr. BURDETTE. Did you understand me to say that?

Mr. FENTON. Yes.

Dr. BURDETTE. I do not think I said that.

Mr. FENTON. What was that statement you made?

Dr. BURDETTE. About one-quarter of the optometrists in the Army are practicing their profession as privates and corporals and noncommissioned officers. I think there are, roughly about 2,000 in the Army and one-half of them are in the Medical Department, and of the half in the Medical Department only half actually refracting. That would be 25 percent.

Mr. FENTON. Now, Dr. Burdette, do you believe drops should be used in some cases?

Dr. BURDETTE. Not for purposes of refraction, I do not. In many of these cases we referred to, the optomologists, for pathology, naturally would use drops.

Mr. FENTON. Regardless of age?

Dr. BURDETTE. No. It is not customary to use drops in older people.

Mr. FENTON. Are you familiar with the publication put out to the field, issued by the Council on Education and Professional Guidance of the American Optometric Association?

Dr. BURDETTE. You say am I familiar with it?

Mr. FENTON. Yes.

Dr. BURDETTE. The next speaker is the chairman of that committee. I do not know what you want to ask, but he could probably answer better than I could, because he is the chairman of that committee.

Mr. FENTON. If you cannot answer, all right.

Dr. BURDETTE. I will be glad to listen to your question.

Mr. FENTON. In discussing the opportunities for optometry, on page 5 of that pamphlet, they say:

> The growing realization of the relationship of eye deficiency to production in industry, to automobile licensing, to student aptitude has made an increase in the potential demand for eye services that far exceeds the number of new practitioners entering the field. In addition, it must be remembered that every individual approaching the age of 45 requires from that time on the type of service which the optometrist is qualified to give.

What have you to say about that?

Dr. BURDETTE. I think it is a good statement.

Mr. FENTON. The optometrist, then, has nothing to do as far as giving drops in the eyes is concerned, with that age group?

Dr. BURDETTE. Well, we do not use drops——

Mr. FENTON. I take that statement to mean that after 45, of course, it is a matter or refraction in that type of patient, and that age group is the group that optometrists could treat very successfully?

Dr. BURDETTE. Well, they are talking undoubtedly about persistent ophthalmology at 45. From there on, practically everyone would require the fitting of glasses. There are two different concepts in regard to refraction. One is with drops; the other without. Our concept is to refract without drops; that is all. It is just a difference of opinion.

Mr. FENTON. You mentioned something about being commissioned in the Navy, I believe.

Dr. BURDETTE. That is right.

Mr. FENTON. The optometrist in the Navy—is he put on his own? Is his examination not supervised by anyone?

Dr. BURDETTE. Except from an administrative standpoint, he is on his own; yes, sir, as far as I know, and I know of several instances where that is true.

Mr. FENTON. Well, I have a letter here from the Surgeon General of the Navy, Admiral McIntire. He says:

The records in this office indicate there are 110 optometrists appointed in class H (S), United States Naval Reserve, for duties in connection with optometrical work and assignment to optical repair units for duty with the spectacle program. Optometrists applying for appointment in class H (S), United States Naval Reserve, are required to have graduated from a school of optometry approved by the council on education and professional guidance of the American Optometric Association. Such candidates are required to submit evidence of 2 years recent practical experience in this specialty. Optometrists are assigned duties in the eye, ear, nose, and throat clinics in various Medical Department activities where they are required to perform duties as determined by the medical officer in charge of such service, who is a qualified opthal-oto-laryngologist. Optometrists also are assigned to duty with optical repair units in the supervision of training and work of enlisted hospital corpsmen engaged with the filling of prescriptions and the duties required in the spectacle dispensing program.

Certainly the optometrists are accountable to the medical officers for their work there, and, while they are granted this specialty commission, they are not granted commissions as hospital corpsmen.

Dr. BURDETTE. Well, a hospital corpsman would be a noncommissioned officer.

Mr. FENTON. In the Hospital Corps.

Dr. BURDETTE. Yes; that is right. But, on the other hand, as he says, there are 110, or whatever the number now is. I understood it to be about 130.

Mr. FENTON. As of today, the number is 106.

Dr. BURDETTE. One hundred and six.

Mr. FENTON. One hundred and twenty-two enlistments. He goes on furthere here and says:

It will be noted that optometrists are not appointed as such in the Hospital Corps of the Navy but are appointed in class H (S) of the Naval Reserve as defined in a preceding paragraph. Those optometrists who are in the Hospital Corps may receive temporary promotion to a commissioned status in the Hospital Corps on the basis of their qualifications to perform Hospital Corps duties, but not on the basis of their qualifications in optometry.

Dr. BURDETTE. I do not know how they operate down there. My understanding was that they started out with a certain nucleus, as a starting point, with the idea of bringing the others in through the

Hospital Corps as pharmacists' mates and up into the commissions. I know of several instances.

Mr. FENTON. The point I desire to make is that the impression seems generally to prevail that the Navy has handed out commissions right and left to the optometrists.

Dr. BURDETTE. Oh, no. The only point I wish to make about it is the fact that the Navy has recognized and has commissioned optometrists.

Mr. FENTON. As specialists?

Dr. BURDETTE. As optometrists.

Mr. FENTON. Now, of course, you do not deny, Doctor, that the Army Medical Corps has done a pretty good job?

Dr. BURDETTE. I think it has done a swell job, with this exception.

Mr. FENTON. I think it has done a remarkable job.

Dr. BURDETTE. I agree with you, sir.

Mr. FENTON. Certainly for one group of men to come in and belittle the work of the medical men in the Army is not, it seems to me, appropriate; it is contrary to some of the testimony I have heard here which gave a very fine report on the optometrists. But the general impression to be gained is that the work of the optometrists is not appreciated. I, for one, do appreciate it; I think the Medical Corps, in general, of the Army appreciates it. I do not know of any other professional group that has done a fine job in this war and in any other country. It is outstanding.

Dr. BURDETTE. I agree with you.

Mr. JOHNSON of California. May I ask the doctor a few questions, Mr. Chairman?

The CHAIRMAN. Certainly, Mr. Johnson.

Mr. JOHNSON of California. All you want to do is give recognition to that good work by giving those men commissions?

Dr. BURDETTE. That is right.

Mr. JOHNSON of California. Is it not a fact that the optometrists are doing most of what we call the eye work of the Army?

Dr. BURDETTE. They would, of necessity, because of the lack of personnel in all groups.

Mr. JOHNSON of California. In other words, the Army is practicing optometry through some of its enlisted personnel?

Dr. BURDETTE. That is right.

Mr. JOHNSON of California. You feel that the optometrists are sufficiently trained and are specialists enough to have a little more recognition?

Dr. BURDETTE. Certainly. Every other technician in the book is now commissioned.

Mr. JOHNSON of California. The man who handles the horses receives a commission?

Dr. BURDETTE. That is right.

Mr. JOHNSON of California. The man who handles the human eye ought to get a commission?

Dr. BURDETTE. I think so.

Mr. JOHNSON of California. You think that if we give recognition to the work of the optometrists, the prestige of the Medical Corps will be enhanced?

Dr. BURDETTE. Absolutely.

Mr. JOHNSON of California. I did not understand from your statement that you were trying to belittle the Medical Corps of the Army.

Dr. BURDETTE. Heavens, no.

Mr. JOHNSON of California. You just want to make it more effective by giving a little more recognition to those who do scientific work?

Dr. BURDETTE. That is right.

Mr. JOHNSON of California. That is all, Mr. Chairman.

The CHAIRMAN. Are there any other questions?

Mr. SHORT. Everyone on this committee knows that Colonel Vail is a darned good man.

The CHAIRMAN. Thank you, Dr. Burdette.

(Copy of telegram from Daniel M. Levinson is as follows:)

HORNELL, N. Y., *April 26, 1945.*

Hon. JOHN C. BUTLER,
Washington, D. C.:

I have just finished reading a copy of the memorandum from Secretary of War Stimson to Andrew J. May re H. R. 1699, and am amazed and disgusted that so biased and fallacious an opinion could emanate from the office of the Secretary of War.

I am a recently discharged veteran, having served for 22 months in various eye clinics in station hospitals in the Fourth Service Command. Never in the 10,000 or more eye examinations that I performed while in these clinics has a medical officer had one thing to do with any of these examinations. An optometrist is an individual licensed by State laws to examine eyes and to prescribe glasses. He is thoroughly trained in the recognition of pathology and is a far better diagnostician of eye disease than any general medical practitioner. Secretary Stimson, who is evidently parroting the opinion of a medical man, states in his memo that an optometrist's duties are merely mechanical; that the optometrist merely adjusts glasses, records visual acuity, and takes field of precision measurements. Secretary Stimson also states, erroneously, that optometrists "are not trained in the recognition of pathological conditions of the eye or diseases which may present eye symptoms."

Many soldiers have been admitted to the hospital in which I was working solely upon the basis of my diagnosis and have subsequently been discharged from the armed services as a result of my diagnosis.

On three occasions I have had to explain the fundamentals of eye-examination procedure to three different medical officers who were nominally in charge of the EENT clinics in which I worked. The sole contribution of these officers was to put their signatures on every prescription that we optometrists wrote, since the medical officer's signature was required by Army regulations.

The opinion voiced by Mr. Stimson in his memo to Mr. May are downright lies and I can prove them to be such. If I can secure an interview with an impartial arbiter, I can present the actual picture of optometry's position in and contribution to the Army's medical program.

DANIEL M. LEVINSON, *Optometrist.*

(A letter from the Surgeon General of the Navy to Hon. Ivor D. Fenton is a follows:)

JUNE 30, 1945.

Hon. IVOR D. FENTON,
Congress of the United States, House of Representatives,
Washington, D. C.

MY DEAR CONGRESSMAN FENTON: I have your letter of June 28 regarding the requirements of the Navy for commissioning optometrists and other technicians into the Hospital Corps of the Navy. You also ask how many optometrists have been so commissioned, and as to the duties performed by these officers. The information is asked in connection with hearings before the House Military Affairs Committee on a bill to provide for the commissioning of optometrists in the Army.

I am enclosing copy of article H-2317 of the Bureau of Naval Personnel Manual. This article outlines the various requirements for appointment of officers in class H (S), United States Naval Reserve, the class which includes the

various sciences and specialties allied to medicine. However, it has been necessary to waive certain of the practical experience requirements set up in article H 2317, because of inability to procure sufficient candidates to meet the needs of the Medical Department of the Navy.

The records in this office indicate there are 110 optometrists appointed in class H (S), United States Naval Reserve, for duties in connection with optometrical work and assignment to optical repair units for duty with the spectacle program. Optometrists applying for appointment in class H (S), United States Naval Reserve, are required to have graduated from a school of optometry approved by the council on education and professional guidance of the American Optometric Association. Such candidates are requested to submit evidence of 2 years recent practical experience in this specialty. Optometrists are assigned duties in the eye, ear, nose, and throat clinics in various Medical Department activities where they are required to perform duties as determined by the medical officer in charge of such service, who is a qualified opthal-oto-laryngologist. Optometrist also are assigned to duty with optical repair units in the supervision of training and work of enlisted hospital corpsmen engaged with the filling of perscriptions and the duties required in the spectacle dispensing program.

It will be noted that optometrists are not appointed as such in the Hospital Corps of the Navy, but are appointed in class H (S) of the Naval Reserve as defined in a preceding paragraph. Those optometrists who are in the Hospital Corps may receive temporary promotion to a commissioned status in the Hospital Corps on the basis of their qualifications to perform Hospital Corps duties, but not on the basis of their qualifications in optometry.

Trusting the information given herewith will be of assistance to you and to your committee, I am,

Sincerely yours,

ROSS T MCINTIRE,
Vice Admiral (Medical Corps), United States Navy, Chief of Bureau.

(Page 351.) Insert the following new articles:

"H–2317. OFFICERS, VOLUNTEER RESERVE (SPECIAL SERVICE), FOR ASSIGNMENT TO CLASS H–(S)

(1) Officers, Volunteer Reserve (Special Service), for assignment to class H–(S), required for special shore duty, in connection with Medical Corps activities, within the continental limits of the United States and for service with base hospital groups and in hospital ships may be appointed upon presentation of satisfactory credentials which may be accepted as qualifying the candidate for appointment without a professional examination.

(2) A candidate for appointment in this class must present the following credentials as to education and professional qualifications:

(*a*) Certificate of or evidence of at least 4 years of collegiate educations; or a degree from an accredited institution of higher education in a subject or subjects which pertain to or are related to those specialties coming under the cognizance of the Medical Department of the Navy, the determination of which shall be made by the Chief of the Bureau of Medicine and Surgery.

(*b*) Evidence of license to practice their profession in a State or Territorial possession of the United States where such is required.

(*c*) If the candidate has had special training, a certificate to this effect shall be included.

(*d*) Evidence of qualification in specialty, which shall be satisfactory to the Chief of the Bureau of Medicine and Surgery.

(*e*) In addition to the requirements listed above, candidates shall submit evidence of recent practical experience in their specialties as indicated: For ensign, 2 or more years; for lieutenant (junior grade), 6 or more years; for lieutenant, 8 or more years.

(3) The rank in which candidates for class H-(S) are appointed will be determined by the candidate's age, academic seniority, and practical experience. These must be appropriate to the duties of a specific mobilization assignment."

Dr. BURDETTE. Thank you, sir.

The CHAIRMAN. We have one more witness, Dr. H. Ward Ewalt, Jr.

STATEMENT OF DR. H. WARD EWALT, JR., CHAIRMAN, COUNCIL ON EDUCATION AND PROFESSIONAL GUIDANCE, AMERICAN OPTOMETRIC ASSOCIATION, PITTSBURGH, PA.

Dr. EWALT. Mr. Chairman and gentlemen, my name is H. Ward Ewalt, Jr., and I reside and practice optometry in Pittsburgh, Pa. I am chairman of the council on education and professional guidance of the American Optometric Association.

Much has been said previously about optometry and optometrists in civil life. The same problems of vision and the same need for visual care exist in the Army, except that in the Army they are much more apt to be a matter of life and death.

The purpose of this bill is to help solve some of these problems and to improve the visual care given to our soldiers.

American soldiers are buying victory at the price of their lives. They deserve the best of everything, including the best visual care. Of all the senses necessary to protect oneself and to operate a modern mechanized army efficiently, sight is the most important. Poor vision, uncomfortable vision, or inefficient vision may not only cause the death of the one possessing these defects, but may cause death and untold suffering among those in his immediate complement.

There surely can be no question about the need for optometrists in the Army as long as visual defects exist—and visual defects have always existed and will continue to exist.

The 1,819 accredited ophthalmologists listed by the American Medical Association are trained and experienced eye surgeons. Not so, however, with regard to the 4,363 eye, ear, nose, and throat men. Some of them are experts at tonsillectomy, others at operating for mastoids, but there are many of them who have never performed a serious operation upon the eye. Furthermore, many of these 6,300 medical men are among the older physicians, and not more than one-fourth of them are in the Army and the Navy.

This proves without question that the comparatively few experienced ophthalmologists and oculists in the Army are vitally needed and that their time could well be completely consumed in taking care of the cases of pathology, plus the large number of accidental injuries and battle wounds to the eyes.

Optometrists are needed in the Army for beyond the moderate statements of the medical department.

In World War I there was no program of furnishing visual care and eyeglasses to the soldier. In this war a program was instituted which resulted in furnishing 2,000,000 soldiers with two pairs of glasses each. This meant examining the vision of these 2,000,000 and the furnishing, fitting, and adjusting of glasses, as well as periodic reexamination as needed. Additional millions were refracted to determine that they did not need glasses under Army regulations. This made a total of 4,000,000 pairs of spectacles originally issued and does not take into consideration an almost equal number which are lost either through accident or through operations on the field, gas-mask glasses, and those required because of reexamination. This program had to be planned and organized and then administered.

Such a program required the services of a professional personnel which would have been totally inadequate without optometrists. The medical department needed optometrists and needed them badly. In-

effective efforts were made to get them. The program was topheavy unless there were enough trained refractionists to examine and refract the thousands of men coming into the Army every month.

In May of 1944, War Department Circular 143 was issued, which reads as follows:

III. Optometrists: 1. In view of the large number of refractions to be performed for military personnel, the services of qualified optometrists to assist in the performance of these refractions will be utilized to the extent that such personnel may be available. The policy of having optometrists perform refractions under the supervision of medical officers will be continued except in very unusual circumstances such as a situation in which a medical officer cannot be in constant attendance. It will be the responsibility of commanding generals of service commands, ports of embarkation within the continental United States, Army Air Forces commands, and Air Forces operating in the continental limits of the United States, and theaters of operations to take steps as soon as practicable to insure the competency of optometrists performing these duties in installations within their commands.

2 (*a*). Optometrists performing refractions for military personnel should be: (1) Licensed in the State in which registered and (2) graduates of an approved school of optometry.

(*b*) In the most exceptional cases only, either or both of the requirements in (*a*) above may be waived by the supervising medical officer with the approval of the commanders mentioned in paragraph 1. In any instance where there is a question as to whether the individual possesses the necessary qualifications, the matter will be referred for decision to the Office of the Surgeon General, Washington, D. C.

3. The foregoing instructions relate to the use of optometrists in both the zone of interior and in overseas theaters of operation. Because of the fact that the number of optometrists presently available in the Army is probably inadequate to insure such personnel being available to all hospital installations, it will be the responsibility of the commanders mentioned in paragraph 1 to dispose of available personnel in such manner as to insure their being assigned to installations which have the greatest need for their services.

4. The particular attention of theater commanders is directed to the fact that under existing tables of organization and equipment there is a deficiency of refracting facilities in hospital installations normally functioning within combat or Army zones, which has in some instances resulted in the evacuation of personnel to communications zone installations and their hospitalization in instances where spectacles only are required. Every effort should be made to avoid evacuation of such personnel and their treatment as other than out-patients. This will require, in some instances, the special assignment of personnel for performing refractions within combat zones, and a close coordination between facilities for performing refractions and facilities available for the initial issuance or replacement of spectacles.

This statement was signed by G. C. Marshall, Chief of Staff, and Robert H. Dunlop, brigadier general, Acting The Adjutant General.

This was a rather belated and reluctant admission that optometrists were very badly needed and that the vision program warranted independent administration. We knew of the situation 3 years ago, and officers of our association persistently called the attention of the Surgeon General to it.

That the Medical Department was aware of the critical need for optometrists is indicated by the number of circulars issued on this subject. The requests for optometrists was contained in circular 143, dated April 12, 1944, and was followed up in circulars 270, 286, 295, 332, 392, 396, and in memorandum 615. By this time the call for optometrists was recurrent

The optometrists who had enlisted or had been inducted into the service kept in touch with us. Those who are presently in the Army must necessarily and understandably remain anonymous. But these

men have poured out their hearts to their families and to their optometric colleagues.

We know, and it should be no secret to the Surgeon General's office, that it is not unusual for an optometrist in the Army to make 40 so-called refractions a day. In view of the fact that there are so few optometrists available in the Medical Department, this speeded-up, cursory, assembly-line refraction seemed inevitable. With thousands to be examined and only tens to do the examining, the work of necessity was simply a fast, superficial test. But that is not a test to which our soldiers about to face battle and requiring the keenest and best vision are entitled. It would be unthinkable to send a soldier out to meet the enemy without a weapon. Is it not equally unthinkable to send him out with a weapon which he cannot efficiently use because he is unable to see clearly?

After many visits and conferences with the Surgeon General's office, after pointing out the woeful situation of hasty refractions and the inadequate visual care which our soldiers received, and after requesting recognition time and again, the Table of Organization of the Army was changed about a year ago to provide up to the rank of technical sergeant for optometrists. This offers small solace, because in most instances the Table of Organization is frozen in the particular unit in which the optometrist finds himself. Therefore, the possibility of advancement even to the limited degree permitted by the Medical Department is ephemeral. If the Army seeks to instill ambition and initiative into the soldiers, it certainly selected a peculiar way to do this so far as optometrists are concerned.

Is it any wonder, then, that in our professional journals we find letters signed by optometrists who are officers in other branches of the service? An illustrative article appeared in the Optical Journal and Review of Optometry in April of 1944 in which two first lieutenants and two second lieutenants teaching in the Ordnance Department at the Aberdeen Proving Grounds, all four of whom are graduated and licensed optometrists, urged all optometrists in the Army to go into Ordnance. The article points out that even if the optometrists are used as refractionists, they cannot possibly obtain a rank justifying their background. These men believe that optometrists, if they go into Ordnance, can, because of their training in optics, do important work for the Army.

Optometrists have the ability, the experience, and the training to hold commissions. Yet they obtain the commissioned status perversely enough in all other branches of the Army except the one in training for which they spent from 4 to 5 years of their lives. There are more than 2,000 optometrists in the Army. Approximately one-fourth of them are practicing optometry. The rest are in other branches of the service, and more than half of these hold commissioned rank. Enlisted men are always subject to transfer to other branches of the service. In some instances optometrists have been transferred, thereby reducing the already insufficient number in the Medical Corps.

Optometrists who plodded along in the Medical Department experienced the same human desire to advance and in turn many of them made application to go to Officer Candidate School. Were they permitted to go? They were not. This work which they were doing as optometrists and which the Medical Department would have you believe is of no weighty value suddenly assumed its true proportions.

It became so important that the optometrists experienced all sorts of pressure to have them withdraw their applications for Officer Candidate School. So serious did this condition become that it became necessary to issue a statement to the commanding officers of these units calling attention to the fact that optometrists deserved equal right to apply for Officer Candidate School.

Mr. ELSTON. How many of them did go to Officer Candidate School?

Dr. EWALT. I am not able to answer that. I know that a few men were commissioned in the Medical Administrative Corps but immediately lost the right to practice their profession by accepting that commission.

Mr. ELSTON. In what way did they lose their right to practice their profession?

Dr. EWALT. If I may continue with my statement, I think it will become clear.

Mr. SHORT. They were serving in an administrative capacity.

Mr. ELSTON. Did that necessarily keep them in the Administrative Department?

Dr. EWALT. So far as I know, it did keep them in the Administrative Department. I shall cover that a little later.

In passing, I should like to mention another inexplicable anomaly. When the optometrist is a private or a corporal, he is deemed capable by the Surgeon General to refract and examine eyes, but just as soon as he becomes a commissioned officer, even though he is commissioned in the Medical Administrative Corps, which is an integral part of the Medical Department, he no longer may examine eyes officially.

There is no other branch of the service where a man, once he has been commissioned, may not perform the same duties and functions which he performed in the enlisted ranks.

It is the policy of the Surgeon General that no physician may act as such unless he is commissioned. In the hearings on the bill which ultimately was passed and became a law creating a separate Pharmacy Corps in the Medical Department of the Army, it was stated that there were a few physicians who for some reason or other had failed to join the service as an officer and were therefore drafted. The Surgeon General's office pointed out that these men were not permitted to treat the soldiers because of definite reasons of morale; that the soldier would have little, if any, respect for the medical care he received at the hands of an enlisted man. All his life the soldier has received care at the hands of one who has earned and received a mark of distinction from the State—a license granted to him by the sovereign people of the State to practice his profession. Obviously, when an enlisted man performs these functions, proper regard, proper respect, and proper confidence are lost.

Optometry, which has been treated as an anomaly in every way, has just the opposite happen to it. Although a physician is just as good a physician whether he be an enlisted man or an officer, if he is an enlisted man he may not treat the soldier. An optometrist, on the other hand, although he is just as good an optometrist whether he is an enlisted man or an officer, may only refract the soldiers when he is an enlisted man, and his professional services are not utilized the moment he becomes an officer.

I do not need to stress what a damaging effect such a situation has on the morale of the optometrist in the Army. But irreparable harm

is done to the morale of the enlisted men when their eyes are examined by a soldier whom ofttimes they themselves outrank. In many of the eye, ear, nose, and throat clinics the refractionists are privates. What respect can a soldier have for an eye examination given by an enlisted man? What do they think of the examination that they get even though it may be a good one?

We can give you the answer. The answer is that a great number of these soldiers, who are so examined, privately and confidentially say that they were given the brush-off; "A private examined me."

Worse than that, many of these soldiers who have been found by examination to require glasses have so little confidence in the examiner that they refuse to wear the glasses and, as soon as the opportunity affords itself, they find their way to a civilian optometrist's office for what they call a real examination.

Every reason for commissioning physicians and dentists in order that their work should receive proper respect applies with equal weight to the optometrists.

An ophthalmologist or oculist would never admit that he was acting as a technician when he examines a patient's eyes, refracts them, and prescribes eyeglasses. If it is a professional act when a physician does it, and if, when a physician does it, he must be a commissioned officer, so, likewise, does all of this hold true with equal force when an optometrist performs the same act. Each examination and refraction is a separate problem, requiring professional skill, discretion, and judgment, prerogatives granted by the several States to professionals, not to technicians.

We believe that there should be a separate and distinct optometric corps in order that visual care can be uniform. The administration of medical care and of dental care is standard and uniform.

In optometry, however, policy varies with each eye, ear, nose, and throat clinic, hospital clinic, and hospital. In some places the eye examination is underemphasized. In some cases it is granted its relative importance, and in others the services rendered by optometrists become the stepchild. All of this is not conducive to such effective administration as to maintain the efficiency and the morale of the soldier. It is most unfair for him to have his visual care influenced by an economic conflict between two health professions.

This matter of variation in policy causes another bad result. In the persistent and continuous attempt by the Surgeon General of the Army to subordinate optometry, deprecate it, and make it appear as a mere technical operation, the claim is made that optometrists are now being employed in the Army under the supervision of a physician. There is a wide divergence of interpretation of the word "supervision."

When reports come back to the War Department on paper, it would appear that every eye refraction was made right under the nose of a physician who watched every operation and who finally signed the prescription after being satisfied that the examination was made as if by his own hands and with his own skill. Such is not the case. In most cases, the so-called supervision is by a physician who admittedly knows little or nothing of eye work. In many instances this so-called supervision consists merely of having the physician present in the same building. The officers of the Medical Department must

themselves know this fact and should blush at written reports which claim that eye examinations were made under the direct control and supervision of the physician in charge.

Although this situation prevails in the most instances where there is an opthalmologist in charge, the professional and personal relationship between the optometrist and the opthalmologist or oculist is in most instances extremely cordial.

Many opthalmologists, oculists, and physicians commanding medical units have written directly to the War Department requesting commissions and higher ratings for the optometrists whose work they recommend for recognition. These requests have fallen upon deaf ears. The letters are read by unseeing eyes. Nothing has been done, and nothing seemingly will be done unless this bill becomes law.

The Medical Department saw fit, for the more efficient administration of the Department, to expand the Medical Administrative Corps and to grant commissions to thousands of men so that they could perform services and duties which otherwise would have had to be performed by physicians. Does not the same reason apply equally to optometrists? The commissioned optometrist would perform an important service which otherwise should be done by overworked physicians.

There have been instances where orderlies, technicians, and others who have had no training in the examination of the eyes have been used for that important task. It is true that this is not general, but it has happened often enough to be worthy of notice, and certainly should be stopped. In either event, the soldier is not getting the kind of visual care which he deserves.

In addition to the Medical Administrative Corps, in which men are commissioned to perform duties which relieve physicians so as to permit them to devote their exclusive time and attention to the healing art, there is also the Sanitary Corps. In this corps many other groups have been commissioned. These groups, possibly because they were in no way the economic competitors of medicine, were graciously granted commissions. This led to another anomaly which creates a serious situation affecting the welfare of the soldier.

The problems of supplying glasses when the men are away from a base or general hospital became acute, resulting in the formation of mobile optical units. These mobile optical units which fill the prescriptions of the optometrist or ophthalmologist are commanded by officers in the Sanitary Corps. Most of these units are commanded by men with the rank of captain, none with less than the rank of first lieutenant. In civil life the optician is in the same relation to the optometrist as is the pharmacist to the physician. With great respect to both these callings, the pharmacist and the optician literally take the orders, in the form of written prescriptions, of the licensed professional examiner. They may not substitute or change.

In civil life, the optician is the mechanic for the optometrist. In the Army the status is reversed, and we find that the optician who is not the economic competitor of the ophthalmologist holds the rank of captain in the Sanitary Corps, whereas the optometrist is relegated to the ultimum of technical sergeant.

In civil life, if an optician were to dispense a pair of glasses for an optometrist, which was not prepared precisely and accurately in

accordance with the prescription, he would receive not only censure but also an outright rejection of the glasses.

Let me ask: If for any reason one of these optical units headed by a commissioned officer should fail accurately to fill the prescription written by an optometrist, private first class, what chance has the optometrist for registering a complaint? What chance has the optometrist to reject the improper glasses? And what chance has the enlisted man to say or do anything about them when the professional man who prescribed them is himself powerless because he is outranked? All that the enlisted man can do is to attempt to wear the inaccurate prescription and just as soon as it annoys him, to discard it, thereby remaining not only a menace to himself but a danger to his outfit.

The optician merely plies a technical trade, and his training is simply that of an apprentice. Yet the optometrist who does the professional work and prescribes the glasses remains in an enlisted rank, while the optician who performs a purely mechanical function receives a commission.

As long as the vision program for the Army remains a stepchild that anyone can handle with 6 months' training, it is impossible to modernize procedures to keep pace with the needs of a mechanized army.

The development of scientific aids to modern warfare, such as radar, height finders, and tank periscopes, to mention only a few, require visual characteristics not possessed to the same degree by all men in the Army.

Modern American indu-try recognizes that an important factor in the efficient placement of workers is to determine whether or not they possess the necessary visual characteristics for the special job. Simple procedures for selection have been worked out and applied. The result has been increased quantity and quality of production and a reduction in lost-time accidents.

These principles apply with equal force to tens of thousands of men operating technical equipment in the Army.

The creation of an Optometric Corps will make possible an increased efficiency in the operation of technical equipment.

Although H. R. 1699 amends the peacetime law, it is necessary that it be made operative now.

In the Navy, it has not been necessary to seek legislation to accomplish what obviously more nearly meets the need of the men in the service and the optometrists. In the Navy, the optometrist's ability and the necessity of the work which he performs were early recognized by the Bureau of Medicine and Surgery, and at the present time there are 130 optometrists, commissioned as such, in the Navy.

Only last year were pharmacists commissioned in the Army and a Pharmacy Corps created.

Pharmacists, like optometrists, are required to have a 4-year college training. They must also, after their graduation, take a State board examination and be licensed by the State before they can dispense drugs.

Their work is concededly important, but with great deference to pharmacists their work does not compare in responsibility with that of the optometrists. The pharmacist is only obliged to follow with skill, competency, and honesty the written prescription of the one who

made the examination. There his duty ends, except that he may refuse to fill a prescription which contains a lethal dose.

The optometrist, on the other hand, must exercise his professional skill, discretion, and judgment. He is the one who must write the prescription.

The Surgeon General's office, which seemingly does not wish to make any changes, regardless of changing conditions, also opposed the Pharmacy Corps bill.

Since pharmacy is not an economic competitor of medicine, and since without it medicine cannot function, a number of medical supporters appeared before the Military Affairs Committee in favor of the Pharmacy Corps bill. There is not one statement that they made, not one argument that they advanced, not one reason that they projected at those hearings, which does not bear with double weight in favor of commissioning optometrists and establishing an Optometry Corps.

The argument which the Surgeon General's office advances is not sound: that to commission optometrists might lead to the necessity for commissioning other groups. Such an argument sounds hollow and has the ring of insincerity when we know that the same Medical Department, without the necessity for legislation, has granted commissions to bacteriologists, physiotherapists, dietitians, chemists, and others.

Too often and with too great regularity does a situation occur such as I now describe: In a camp paper published at Tyndall Field, Fla., the following illustrative squib appeared:

> (Name withheld) looks very professional as he goes about his duties in the hospital. He looks very aristocratic as he drives his car out of the main gate each evening. But he looked like a first-class janitor as he scoured the latrine the other morning. Quite a come-down for a registered optometrist, wasn't it, Charlie?

This would be funny if it were not sad. This does not harm the optometrist nearly as much as it harms the service. How can an ordinary soldier have respect for the professional services of the man who examines his eyes one day and is assigned to latrine duty the next?

There is only one way to correct the situation. H. R. 1699 is the only way now. It could have been done as the Navy did it during the past 3 years. There the problem was handled in an independent manner to the advantage of the service. Unfortunately, the Surgeon General's office in the Army seems dominated by the influence of those who feel that optometry is an economic competitor; a stubborn minority who, having once said "No," continue to repeat it, no matter what evidence is presented to them. "There are none so blind as those who will not see."

Commissions and a separate optometry corps should be created (1) to insure the availability of a sufficient number of optometrists to meet the needs of the Army; (2) to provide the rank and dignity to the work of the optometrist so as to command the confidence and respect of the soldiers examined; (3) to permit the optometrists to do their work without being hampered by the control and directives of men who are not familiar with the problems of vision.

Only with the commissioning of optometrists and the granting to them of the authority which flows from the establishment of a separate corps will the visual care of our soldiers reach that state which they are

entitled as men who fight and die so that the principles of fairness, decency, tolerance, and nondiscrimination in all things, including the professions, may prevail.

The CHAIRMAN. Thank you very much. Your statement is very interesting.

STATEMENT OF HON. WALTER B. HUBER BEFORE HOUSE MILITARY AFFAIRS COMMITTEE

Mr. HUBER. Mr. Chairman and members of the committee, I am very much in favor of enactment of H. R. 1699. I feel that there has been discrimination shown in commissioning, and that many with less training than optometrists have been taken in the services and immediately given the rating of second lieutenant.

Our optometrists are now rendering efficient and excellent service in the Army and they will continue to do so. It is only fair and just that their services should be recognized equally with that of other professional members of the armed forces.

I strongly recommend that H. R. 1699 be favorably reported by this committee.

The CHAIRMAN. Since the time for recess is almost at hand, the Chair would like to discuss some matters with the committee in executive session.

The Chair understands that this concludes the hearings for the proponents of the bill. At a later date we shall hear further testimony from the Surgeon General's office, in view of the fact that it was understood in the beginning that they would be granted an opportunity to present rebuttal.

Mr. SHORT. I hope that the hearings on this very important matter will not be unduly delayed.

The CHAIRMAN. I shall discuss that with you in executive session.

Mr. ELSTON. Some reference was made to an article by Dr. Vail. I am just wondering, since Dr. Vail is here, whether he would want to make any reply to it. I think he should be given an opportunity to do so, if he desires it.

The CHAIRMAN. I announced in the beginning that Dr. Vail would be permitted to do so. There are a number of other things he may properly want to respond to.

Mr. SHORT. This question is very fresh in our minds; I do not want it to grow cold.

The CHAIRMAN. It should like to plan for another day this week when we can finish it, if possible. I should like to have the committee's view, so we will go into executive session.

(Thereupon, the committee proceeded to the consideration of executive business, after which it adjourned, subject to the call of the chairman.)

OPTOMETRY CORPS

FRIDAY, JULY 6, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

(The committee met at 10:30 a. m., Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. We will continue the hearings on H. R. 1699.

The first witness we have this morning is Col. D. T. Vail, Office of the Surgeon General.

I request the committee not interrupt for questions until Colonel Vail is through.

STATEMENT OF COL. DERRICK T. VAIL, OFFICE OF THE SURGEON GENERAL, UNITED STATES ARMY

Colonel VAIL. Mr. Chairman and members of the committee, at the time the session closed I had not finished answering many of the questions that had been raised by members of your committee. I therefore desire to continue. The answers to many of the questions will be given in the following supplemental report.

First, I wish to report in more detail upon the eye care given to our soldiers in the European theater of operations and in the Mediterranean theater. I was in charge of all of the eye work in the European theater of operations for 26 months. I returned to this country December 26, 1944. Lt. Col. James N. Greear replaced me over there and I am now chief consultant in ophthalmology in the Office of the Surgeon General, Washington.

All soldiers coming to any of the eye clinics in the various medical installations in the European theater were seen at some time during their eye examinations by an ophthalmic medical officer and drops were used in over 70 percent of refraction cases. They were not used when the patient appeared for a recheck or for replacement of lost or broken lenses provided he had a satisfactory prescription and it was obtainable. All individuals who appeared for examination had the interior of their eyes studied and satisfactory records made of the findings by the medical officer himself. It was part of my job to see that this was done.

In one case it was found that the medical officer in charge of the clinic was an ear, nose, and throat doctor. The optometrist here was doing all of the eye work, even prescribing drops and removing superficial foreign bodies and doing other medical tasks—unsatisfactorily, too, I may add. This condition was immediately remedied.

I visited every one of our medical installations where eye work was being done, with the exception of some of the evacuation hospitals in the Army areas and some of those hospitals that arrived a short time before I let the ETO on Christmas Day 1944. I become acquainted with every ophthalmic medical officer and his optometrist. The optometrist was of great assistance and help to the medical officer and in nearly all cases mutual respect was engendered between the two when the division of labor and responsibilities was understood and carried out. I am confident that when these optometrists return from overseas they will do so with a wider knowledge and skill, thanks to this training and experience, and with a greater sense of responsibility in the recognition of ocular pathology. Most of the optometrists in the European theater were doing a first-class job under their close association with the Medical Corps officers. The optometrist gave technical assistance to the medical officer in performing refractions and working with him in other ways. It must be understood that in each of these units usually there was one ophthalmologist assisted by one optometrist. They were clasely associated in the conduct of this work, the optometrist serving as a technical assistant to the Medical Corps officer. There is not question but that the ophthalmologist in all cases performed the work required of him in the organization of the Medical Department and that each soldier was personally considered by the ophthalmic medical officer.

The Army system is now in full operation and is working well. Legislation of the type proposed would, in my opinion, seriously impair the eye service rendered by the Medical Department of the Army. The division of responsibility in eye care between two individuals, each belonging to a different corps within the Medical Department, would be indeed unfortunate, would cause friction and disharmony, and the soldier, who falls between, would be the one to suffer. The care of the eyes, including refraction prescriptions for glasses, and the relation of such fitting to medical considerations in eye care, are so closely allied that they cannot be separated, one Army organization handling one phase and another the other. It seems that there is little question but that this responsibility should be placed in the hands of medical officers with their extended educational background from the many outstanding medical schools and clinics of this country. Our soldiers should not suffer through legislative division of this authority.

It is true that in the early hectic days of organization following Pearl Harbor the Army, insofar as providing adequately for the overwhelming refraction needs of the newly inducted soldier was concerned, was caught with its guard down. The war came upon this country fast. Immense armies were needed. In the process of classification and assignment of new selectees under the draft law many in the original stages got into the wrong place, including many optometrists. The Army was also short in its supply of ophthalmologists. The situation in respect to the care of the eyes is not unique to the total Army experience. In the early chaotic period the services of anyone who claimed to be able to refract the eyes were utilized and they were given considerably more responsibility than their training justified, as an emergency step. This is no longer the case and has not been for some time. At present the

Army care of the eyes is being scientifically handled and those equipped to assist in the care of the eyes are being effectively utilized under the direction of ophthalmic Medical Corps officers.

The experience of Maj. Trygve Gundersen, M. C., consulting ophthalmologist in the Mediterranean theater, parallels mine. His reports, based on personal inspection, show that in every medical installation where eye work was done, the medical officer saw each soldier patient, including refraction cases. Drops were used for refraction in all cases considered necessary by the medical officer. To put it into Major Gundersen's own words:

In the Mediterranean theater 66 581 refractions were performed. None of these were done without direct medical supervision; indeed, ophthalmologists themselves performed 72 percent of the refractions.

I was assigned to the Office of the Surgeon General on February 23, 1945, as chief consultant in ophthalmology. Much of my time here has been occupied with supervision of the Army program for the blinded soldier. I have, however, been able to visit six of our eye centers, and know personally that the policy of refraction work outlined here is being carried out to the letter in these places.

Reports from Lt. Col. Norman Cutler, M. C., the regional consultant in ophthalmology for the Ninth Service Command, show that in every one of the regional, general, and station hospitals in this command the Army policy regarding refractions, namely, that of having optometrists perform refractions under the supervision of medical officers, is adhered to. Since the first of the year Colonel Cutler visited each of these units himself. This represents the plan of the Army for the care of the eyes. In the vast organization of the Army it is quite obvious that there will be occasional times when, because of the urgency of the need, there will be a variance of this program. This is provided for in War Department Circular No. 143, April 12, 1944. I wish to read from this circular and ask that it be included in the record as part of my statement.

The policy of having optometrists perform refractions under the supervision of medical officers will be continued except in very unusual circumstances such as a situation where a medical officer cannot be in constant attendance.

Indeed, it is reported that a dental officer in an emergency and without other help performed a leg amputation, and with marked success. However, in the Army organization it is believed wise to place the general responsibility for medical care in the hands of those most qualified by years of education and experience.

I would now like to make further comment upon the general situation of education for optometry. G. A. Fry, the director of the Ohio State University School of Optometry, in his testimony before you the other day, described the eight schools or colleges that were approved by the council of education of the American Optometric Association. Only four of these are affiliated or associated with a university of recognized standing in the general field of university or college education. None of these eight have an association with a medical school or college, of which there are 69 in the United States.

In the testimony presented before your committee it was made to appear that optometry schools are generally recognized in the educational system of this country. It is very easy to designate an institu-

tion a school and then to place a person as a professor of that school and have it give the appearance of an institution of learning and of standing. When we consider the total number of high-quality educational institutions in America, including the many State universities, and find that out of all of these only four have included an optometry school, it should cause some question as to whether the Congress of the United States can consider it wise to establish an Optometry Corps in the United States Army. Furthermore, it is interesting to note that while these four schools were established between 1910 and 1925, no other State universities or outstanding educational institutions have followed their program. These are facts that cannot be ignored in giving serious consideration to this problem. It would be indeed interesting, if possible, to call before this committee the deans of graduate colleges or the presidents of outstanding universities in America and ask them why they did not include this program.

Since the last hearing before this committee, I have had the opportunity to examine carefully the professional monograph entitled "Optometry," dated 1943, compiled and issued by the council on education and professional guidance, American Optometric Association, and published by the association, which ought to make it pretty official. From a careful study of the figures on the analysis of optometric curriculum (standard), it is my opinion, as a medical doctor specializing in ophthalmology and as a teacher of that subject for many years, that even the maximum percentage of the hours allotted to the study of general and ocular pathology in the table of curriculum set forth is insufficient to permit an individual to attain an adequate and safe knowledge of ocular and general pathology to permit him to recognize ocular disease, let alone to interpret what he finds on his examination. The number of hours is insufficient, even if it were assumed that the individuals had the best of teachers and the same amount of clinical and pathologic material to be found in our medical schools, which I know they have not. To establish an Optometery Corps in the Army and to give to the optometrist the function of deciding which patient is normal and which is not before referring him to the ophthalmic medical officer for medical or surgical treatment would be to give him (the optometrist) a responsibility that is too great for his educational and clinical training and too dangerous to the health of the Army.

When we explore the point made by the optometrists in regard to the State boards of optometry examinations, we find that their license examining boards are composed of optometrists exclusively. In other words, the candidate's knowledge of ocular disease and pathology is examined by another optometrist who is not a physician and who is not in a position himself to recognize ocular disease.

Much emphasis was placed upon the fact that the optometrists in civilian life perform 70 percent of the refractions, and I mentioned this in my editorial and stated in substance that if they are rendering this service for the public more cooperative effort should be made by the ophthalmologists in order that the public may be protected. First, I want to speak with respect to the number of refractions which optometrists perform, because I believe this is no indication of the quality of their work or the acceptance by an understanding public of their work as being superior. In the same line, it might be urged

that because the 5-and-10 cent stores throughout America sell a great number of spectacles with which unknowing people fit themselves at the counter, the dime store is rendering a superior service in fitting eyes. There is no question but that an impressive number of mail order and dime store glasses is used by the public, but no one would urge that because of that fact the service is satisfactory. It must furthermore be realized that the far greater number of optometrists are engaged in a business rather than a profession. Every day you hear over the radio advertisements urging the public to have their eyes examined and fitted by a doctor so-and-so, eyesight specialist at some optometry store. Again, in many of the smaller jewelry stores the jeweler, as a side line, practices optometry. You see this again and again throughout the country. It has even gone so far that many of the chain drug stores and department stores fit and sell glasses, having some clerk optometrist perform this service. All of these tradesmen are licensed optometrists. Optometry is a highly advertised business.

Mr. SHORT. Mr. Chairman, I wonder if the witness would suffer an interruption there.

Colonel VAIL. Yes, sir.

Mr. SHORT. Under the provisions of the pending bill, however, none of these jewelers who practice optometry as a side line would have a chance to be commissioned in the Army; they would not be given a chance to be commissioned in the Army under the terms of the pending measure?

Colonel VAIL. This argument is an answer to the allegation——

General LULL. May I answer that question?

Mr. SHORT. Yes.

General LULL. According to the bill, any optometrist who is a graduate of a 4-year school would be eligible for a commission.

Mr. SHORT. But they are not dime-store clerks.

Colonel VAIL. It is indeed not surprising that 70 percent of the American public have had their eyes examined and glasses fitted by optometrists, and there is no question but that the great majority of them are unaware of the fact that they are not receiving truly professional eye care.

Now, coming back to my editorial. At that time the medical profession realized the amount of eye examination being done by optometrists and we were concerned basically in improving their skills in the interest of public welfare. We are still interested in doing so. We nevertheless regard that, with relatively few exceptions, optometrists are not sufficiently educated in the care of the eyes to be trusted in their work without supervision. The work done by the optometrists in the Army, although extensive in its quantity, is limited to mechanical factors. It is basically the work of technician grade throughout the Army, and we have thousands of technicians. Some of the technicians are performing a much more highly specialized work than the optometrists and yet are serving in noncommissioned grades. When you deal with this subject, you are dealing with much more than optometrists.

The members of this committee should become informed of the articles which appeared in Reader's Digest in 1937 on the subject of Optometry on Trial. Action on this bill should not be taken until

that material has been fully considered and digested by members of this commitee. They appear in the Reader's Digest at page 77 in the issue for August; at page 100 in the issue for September; and at page 89 in the issue for October 1937. I have asked the Library of Congress to furnish Chairman May of this committee with copies of these numbers of Reader's Digest.

The first of these articles tells of various tests that were made in respect to optometrists. For example, a young man wearing no glasses and needing none went to optometrist A, who examined his eyes and sold him a pair of spectacles. He took these to optometrist B and asked him to check them. Optometrist B said they were not the right prescription and made a second pair. The young man proceeded with the second pair to optometrist C, who firmly denounced them and made a third pair. These were taken to optometrist D, who disregarded them all and sold him another pair. The same thing occurred again and the investigator took the glasses of both optometrist A and optometrist B to 4 other optometrists. All 4 stated that neither pair was correct for his eyes. In another situation a man with major ocular disorders and residual signs of glaucoma in an arrested state, iritis, as well as being cross-eyed, visited 41 optometrists. He got not one single correct diagnosis of his eye troubles. Various other illustrations based on actual experiments are reported in these articles. In the third article a summary of the most important discoveries made by the Reader's Digest investigators is set forth, which I quote as follows:

> That in their own special province of refraction—or correction of visual defects with lenses—many of the optometrists visited did not prescribe correctly.
>
> That many of those visited failed to take note of diseased conditions of the eyes.
>
> That their prime interest was the selling of glasses rather than providing conscientious professional service.

I might say, as an indication of this, it was found that 88 percent charged no fee for the examination; the charge was for the glasses.

It is significant that in the face of these articles, as complete and convincing as they are in showing the weaknesses of the optometrists, no legal action of any kind was instituted against the Reader's Digest.

Now I want to mention another matter because in questions directed to me by several members of the committee an interest has been evidenced in the legal liability of an optometrist for failure to properly diagnose and treat an ocular disease. The recent case of *Hampton* v. *Brackin's Jewelry and Optical Co., Inc.*, 86 Southern 173 (Supreme Court of Alabama) is pertinent in this connection. In that case the defendants were a jewelry and optical corporation and a licensed optometrist employed by the jewelry and optical corporation for the purpose of examining the eyes of customers and fitting them with glasses. The plaintiff's eyes had been hurting for some time and on seeing the defendant's advertisement in a newspaper she visited the optometrist in charge for an examination of her eyes. The optometrist examined her eyes and prescribed lenses which failed to relieve her condition. On several occasions she returned to the optometrist and complained that the glasses caused her eyes to hurt and each time she was assured that the glasses would remedy her ailment when she became used to wearing them. On her last visit to the optometrist she complained that she could not see out of one of her eyes, and an examination by the

optometrist disclosed that the sight of her right eye was completely gone. He then advised her to see a physician. The physician whom she consulted discovered that she was suffering from glaucoma which had caused a detached retina of her right eye. Subsequently her eye was removed and her left eye treated in order to save it. She then brought suit against the corporation and the optometrist. In affirming a judgment for the defendants on the ground that there was no breach of duty owed by them to the plaintiff, the Supreme Court of Alabama pointed out that the Optometry Act of Alabama prohibited any optometrist from administering drugs in any form, from practicing or claiming to practice, medicine or surgery in any sense, or from using any title or appellation intended or calculated to indicate the practice of medicine or surgery. The court emphasized that the only duty resting on the optometrist was to examine the plaintiff's eyes for the "purpose of ascertaining any departure from normal vision, measuring its functional powers, and adapting the mechanical means for aid thereof." Therefore, the court held that since the disease of the plaintiff's eyes was not such a disease as should have been detected by a skillful optometrist there was no legal liability.

In concluding my testimony, I want to state that I regret the necessity for these frank statements concerning the qualifications of optometrists because we have many fine optometrists working in the Army. I know them personally in the European theater, and I like them as individuals and the services they are performing under the direction of medical officers. I speak of those in the European theater because I know them, many of them well, and I am intimately familiar with the work they are doing. I, however, feel that it would be a serious mistake if Congress were to grant commissioned status and establish a separate Optometry Corps for those performing this technical service as ophthalmic assistants, and the reasons would appear clear from what I have said above.

The CHAIRMAN. Does that complete your statement?

Colonel VAIL. Yes, sir.

The CHAIRMAN. Are there any questions?

Mr. HOLIFIELD. In item No. 13, you bring out the point that optometrists are examined by State boards of optometry examinations, composed of optometrists exclusively. I would like to ask you if that is not customary in the giving of examinations. If a man applies for an engineer's license, is not he examined by engineers and, if a doctor applies for a doctor's license as an M. D., is not he examined by M. D.'s?

Colonel VAIL. Yes, sir; that is true.

Mr. HOLIFIELD. In article No. 17, where you bring out this testing by optometrists, where four different optometrists made four different prescriptions: Would you make the statement that all ophthalmologists would make the same prescription?

Colonel VAIL. I would make the statement that the prescriptions from four or eight ophthalmologists would be so close there would be no significant difference.

Mr. HOLIFIELD. Is it not true in doctors' diagnoses that frequently people go to several different doctors receiving a different diagnosis of a suspected disease, many of them different?

Colonel VAIL. I assume that is correct in some cases; yes, sir.

Mr. HOLIFIELD. That is all.

Mr. JOHNSON. Colonel, several years ago—I do not know how many—there was a series of articles in Liberty magazine in which it was pointed out that all of the bungling and bad diagnoses by doctors had frequently resulted in death and permanent injury. Do you know whether the AMA or anybody ever sued that magazine for those derogatory statements?

Colonel VAIL. No, sir; I have no knowledge.

Mr. JOHNSON. Do you know about the articles?

Colonel VAIL. No; I do not know about the articles.

Mr. JOHNSON. You know Liberty magazine, a national magazine?

Colonel VAIL. Yes, sir; I know Liberty magazine.

Mr. JOHNSON. I have never heard of any suit being filed against them.

Now, the wife of my family doctor had an operation at one time performed by a fellow physician, a friend of mine and a friend of my family doctor and, through a mistake of his, a sponge was left inside of her, due to a nurse's mistake, and the result was that the woman died.

Would you generalize from that one mistake and say that all doctors make a lot of mistakes?

Colonel VAIL. No, sir. But I say the doctor is liable for his mistakes in a court of law.

Mr. JOHNSON. He is liable in California as an optometrist, if he makes a mistake, too.

In another case a friend of mine, a very brilliant lawyer by the name of Haynes, a descendant of the famous Haynes of the United States Senate, got sick on a trip down to Los Angeles. He went to a doctor and the doctor diagnosed his case and put him to bed and he did not get any better, so his wife got nervous and went to another doctor, who pointed out the first one had made a mistake and diagnosed his disease wrongly; that he had typhoid fever, and he died in 2 or 3 days.

Now, does not that happen among doctors, as well as among other scientific men, that mistakes are made and serious mistakes?

Colonel VAIL. No doubt mistakes are made in the medical profession.

Mr. JOHNSON. Do you think mistakes are any more prevalent among optometrists than among doctors?

Colonel VAIL. I would say they are decidedly more pronounced among optometrists when it comes to a diagnosis of a diseased condition of the eye, certainly.

Mr. JOHNSON. Is it not true, whether going to an optometrist or going to an eye doctor, that the causes of diseased eyes are due in some cases to bad lenses?

Colonel VAIL. You never know until you give the patient a thorough examination by a doctor with a medical background whether the eye is diseased or not.

Mr. JOHNSON. And is it not true that the books are just full of cases where the most regular orthodox doctors have made mistakes which have hurt, injured, and killed patients?

Colonel VAIL. I suppose you mean legal books?

Mr. JOHNSON. Yes; legal cases.

Colonel VAIL. That is right.

Mr. JOHNSON. And you know very well that for every one that gets to the courts many never get to the courts?

Colonel VAIL. I am not in a position to answer that question any more than I did the other.

Mr. JOHNSON. You have heard of discriminations continuing in the Army and elsewhere?

Colonel VAIL. Yes.

Mr. JOHNSON. And I think from your experience you know that is one thing that hurts more than any other one thing—to be discriminated against?

The CHAIRMAN. Pardon me for interrupting, but everybody knows that lawyers make mistakes frequently.

Mr. SHORT. Ph. D.'s, M. D.'s, and everybody else.

The CHAIRMAN. So, in view of our limited time, I think you have pursued that idea far enough.

Mr. JOHNSON. Well, I want to find out about these things.

The CHAIRMAN. Every one of them makes mistakes, doctors as well as anybody else.

Mr. JOHNSON. Do not you think it is a case of discrimination where men who have gone through universities and have practiced their professions go in the Army and are kept in the enlisted ranks, not even doing work for which they are trained? Is not that a clear-cut case of discrimination?

Colonel VAIL. I hardly know how to answer that, as to discrimination against a man for his education, because the Army is filled with privates who are college graduates, who are in the front line and not practicing their professions.

Mr. JOHNSON. But when there is need for his training, why not utilize his training?

Colonel VAIL. The optometrists themselves answered that. When they have needed optometrists, you find them in all sorts of corps; you find them in the Air Corps and every other corps.

Mr. JOHNSON. But some of them who do get a commission are not being utilized.

Colonel VAIL. They are not asking to be utilized in their commission grades; they are asking to be utilized in a lot of other grades on their own wishes.

Mr. JOHNSON. And lots of them who are just down as privates and corporals are doing doctors' work and signing papers over doctors' names, are they not?

Colonel VAIL. We deny that. If they are, they are doing it against the policy of the War Department.

Mr. JOHNSON. For instance, in the case of the corporal's affidavit—was that fabricated?

Colonel VAIL. We have the answer to that corporal in one of our witnesses.

The CHAIRMAN. Thank you very much, Colonel.

Now gentlemen, we have a rather limited time. The House meets as 11 o'clock, and I would like to call Major General Lull, of the Surgeon General's Department, if you have no objection.

General, do you care to speak now or later?

General LULL. At any time you wish, Mr. Chairman.

STATEMENT OF MAJ. GEN. GEORGE F. LULL, DEPUTY SURGEON GENERAL

The CHAIRMAN. I would like you to tell the committee whether you speak for the War Department or for the Surgeon General's department; but, before doing that, I wish yould would give us your qualifications and experience and tell us your education.

General LULL. Maj. Gen. George F. Lull, Deputy Surgeon General. I am a licensed physician; have been in the regular Army for 33 years. I am appearing in place of the Surgeon General, who is out of the city.

The Surgeon General is responsible for the care of the military population, both enlisted and commissioned, and it is his responsibility to see that the members of the military establishments receive the best possible care, including care of the eyes.

This bill represents the wishes of a minority group who are in the Army. It is true they have had 4 years' education, but many other people have had similar education, or better. For instance, the psychiatric social workers are enlisted men. They have had 4 years of college and 2 years of special work in sociology, in order to qualify.

Some of your technical assistants in the Medical Department are well educated men and serve as technicians.

The fact these men have refracted a large number of individuals for glasses means that they have done an enormous amount of work.

The dental technicians have made several million dentures in this war. It is just as important that the man have a good set of teeth as good eyes when he comes in the Army. They have done an enormous amount of excellent work and they are technicians.

The laboratory technicians, some of them, have college degrees and they have done a splendid job.

All of those men make up corps of technicians which act as ancillary agents of the doctor in the Medical Department. The optometrists act in the same way—as an ancillary agent of the ophthalmologist. It was never the intention of the Surgeon General, or the Medical Department, that the optometrists should refract eyes unless the refraction was supervised by a medical officer. If it did occur, it occurred against the policy of the Surgeon General and of the War Department.

Mr. SHORT. But it has occurred, has it not, General?

General LULL. It has occurred; yes. And I understand that a witness testified—I was not present at the hearing—about the amount of work he did unsupervised. We have with us today the officer under whom this optometrist served and we would like to have him take the stand.

I have no other statement to make, except to answer any questions.

The CHAIRMAN. What is the position of the War Department with respect to this bill, other than the report they have made here? You are acquainted with what they desire, are you not? Are they for it or against it?

General LULL. They are against the bill.

The CHAIRMAN. Is that because of the fact they apprehend danger to the eyesight of the men in the Services?

General LULL. Yes, sir; that is one thing. They apprehend a certain amount of danger to the eyesight of the men in the Service, and

they do not believe the duties performed by an optometrist warrant his receiving a commissioned grade.

The CHAIRMAN. All right, sir. Are there any questions?

Mr. SHORT. While the ophthalmologist and the medical doctor are supposed to supervise, there have been not a few cases, but hundreds and even thousands of cases of examinations made by optometrists in the Army?

General LULL. I do not understand the question.

Mr. SHORT. Optometrists have carried on this work without any kind of supervision, have they not?

General LULL. No, sir; I would not agree to that.

Mr. SHORT. They have even refracted officers?

General LULL. I do not doubt but what in many cases they have done unsupervised refractions, but all——

Mr. SHORT. We do commission certain technicians in the Army, do we not, general?

General LULL. No, sir.

Mr. SHORT. We do not?

General LULL. Not in the Medical Department, not as technicians; no, sir.

Mr. SHORT. Does not the ophthalmologist bear the same relation to optometrists that the technician in the Dental Corps bears to the dentist?

General LULL. I do not think so. We have a few optical units which are units of enlisted men supervised by an officer, just the same as we have a quartermaster's truck company made up of drivers supervised by an officer.

Mr. SHORT. We do commission, of course, veterinarians; we commission dentists, and we commission pharmacists?

General LULL. We commission dentists.

Mr. SHORT. And we commission pharmacists in the Army, do we not?

General LULL. We commission pharmacists because you gentlemen passed a bill.

Mr. SHORT. And the War Department opposed that measure, did they not?

General LULL. The pharmacists——

Mr. SHORT. You are not answering my question.

General LULL. That is true. It is a law on the statute books.

Mr. SHORT. And the War Department opposed commissions to pharmacists?

General LULL. That is right.

Mr. SHORT. And the War Department has consistently opposed the commissioning of a technician, in fact, in any infant industry or science?

General LULL. I know nothing about it, except about the Medical Department. We have opposed the commissioning of optometrists, morticians, chiropractors, and pharmacists.

Mr. SHORT. But you commission nurses and bacteriologists?

General LULL. In certain circumstances, bacteriologists.

Mr. SHORT. And psychiatrists?

General LULL. The psychiatrist is a man with an M. D. degree who has specialized in psychiatry.

Mr. SHORT. Well, there have been several of them who were psychiatrists and little more, from what I have had to do with the Surgeon General's office.

General LULL. I am not a psychiatrist.

Mr. SHORT. You are to be congratulated.

Mr. BROOKS. General, what would you say is the normal grade in the Army at the present time of a competent technician in the Medical Corps? For instance, suppose it might be someone who handles work in connection with heart trouble, like someone who handles blood tests, what would be the normal grade?

General LULL. He is a T–4; a T–3, 4, or 5 staff sergeant. That is a technician. Now, a man who is an electrocardiograph technician is a staff sergeant or sergeant; sometimes even a corporal.

Mr. THOMASON. General, aside from the merits or demerits of this bill from the scientific, health, or medical standpoint, may I ask you what this means and what the effect would be on the Medical Corps if this bill should become law. The bill says:

> The Medical Department shall consist of one Surgeon General with the rank of major general, two Assistants with the rank of brigadier general, the Medical Corps, the Dental Corps, the Veterinary Corps, the Medical Administrative Corps, the Pharmacy Corps, the Optometry Corps, a number of enlisted men the authorized maximum of which shall be in each fiscal year such number as shall equal 7 percentum of the average annual pay strength of the active list of the Regular Army and the average strength of all other military personnel on extended active duty with the Regular Army during such fiscal year, the Army Nurse Corps as constituted by law, and such contract surgeons as are authorized by law.

If this bill should become law, how many optometrists would be commissioned probably, and what effect would that have on the structure of the Medical Corps as a whole? What does it do to the so-called table of organization of the Army? Does it disrupt it, or will it just be supplementary to, or what is the situation in connection with that? I do not understand the machinery of the thing.

General LULL. Well, the law is so worded that the Optometry Corps shall consist of a number of commissioned officers equal to 7 percent of the commissioned officers of the Medical Department. We have 45,000 doctors at the present time, 15,000 dentists, 2,500 veterinarians, and approximately 20,000 M. A. C. officers.

Mr. THOMASON. How much is that all told?

General LULL. I would have to add it up.

Mr. THOMASON. It is about 100,000?

General LULL. About 100,000.

Mr. THOMASON. Does that mean under this bill there would be 7,000 optometrists to be commissioned?

General LULL. Yes, sir; 7,000

Mr. THOMASON. What would that do to this so-called table of organization?

General LULL. You would throw it out of balance. We would not know where to use them.

Mr. THOMASON. Assuming now, for the sake of argument, those men are qualified to treat the eyes, to fit glasses, and everything else for that branch of medicine, if it is so-called, how many of them would you need or could you use?

General LULL. I do not believe at the present time we could use over 1,000 of them.

Mr. THOMASON. Then what would you do with this other 6,000 if this bill becomes law?

General LULL. I would not know.

Mr. SPARKMAN. General, let us be sure we are accurate about this thing now. As a matter of fact, the provision Mr. Thomason read, if I understand, relates to the permanent set-up and not to the Army of the United States, not to the temporary numbers, and I believe we have already enacted legislation that gives all of the various divisions and departments of the War Department the right to disregard those percentages in time of war?

General LULL. That is right.

Mr. SPARKMAN. And we do not maintain the percentages in time of war?

General LULL. No, sir; you do not.

Mr. SPARKMAN. Therefore, I do not believe the statement Mr. Thomason made was absolutely accurate. In other words, you would not have to commission 7,000 in time of war; you would not have to regard that 7 percent in time of war.

General LULL. That is very true, sir.

Mr. SPARKMAN. It relates only to peacetime?

General LULL. If it relates only to the peacetime Army, we would have about 2,000 officers.

Mr. THOMASON. What does this do, then, to the so-called table of organization of the Army, insofar as it affects the Medical Corps?

General LULL. Well, it would add an extra officer to each hospital unit—at least one.

(After informal discussion:)

Mr. THOMASON. As I understand it, General Lull will come back so that everybody will have an opportunity to cross examine him. He is a man who is speaking for the powers that be, so to speak.

General LULL. I will be at your disposal.

Mr. THOMASON. And, as I understand, you have some officer here who wants to testify?

General LULL. Yes.

(The committee thereupon adjourned, subject to the call of the chair.)

OPTOMETRY CORPS

MONDAY, JULY 9, 1945

HOUSE OF REPRESENTATIVES,
COMMITTEE ON MILITARY AFFAIRS,
Washington, D. C.

The committee met at 10:30 a. m., Hon. Andrew J. May (chairman) presiding.

The CHAIRMAN. The committee will please be in order. The first witness we have this morning on H. R. 1699 is Col. Durward Hall, Office of the Surgeon General. Let me suggest to the committee the witness be allowed to complete his statement before being questioned, in order to expedite the hearing.

STATEMENT OF COL. DURWARD G. HALL, MEDICAL CORPS, CHIEF, PERSONNEL SERVICE, OFFICE OF THE SURGEON GENERAL

Colonel HALL. My name is Col. Durward G. Hall, Medical Corps. My position in the Army is Chief of Personnel Service, Office of the Surgeon General, United States Army, Washington, D. C. I am a physician, having graduated from Rush Medical College of the University of Chicago, 1934; interned for 2 years at St. Elizabeths Hospital, Washington, D. C.; and practiced surgery from July 1936 to January 1941 at Springfield, Mo., in the Smith-Glynn-Calloway Clinic of that city. I entered upon active duty with the Army as a Reserve officer in January 1941, and have been stationed successively at the Medical Field Service School, Carlisle, Pa., at the medical replacement training center, Camp Grant, Ill.; the Command and General Staff School, Fort Leavenworth, Kans.; again at Camp Grant, Ill.; and in the Office of the Surgeon General, this city. I have served in the Training Division, Strategic and Logistics Planning Unit of the Operations Service, and in the Personnel Service of the office of the Surgeon General. I am licensed to practice medicine in the States of Maryland and Missouri. I give the following testimony in opposition to H. R. 1699 from the standpoint of the Personnel Service of the Office of the Surgeon General and the Medical Department.

2. The Surgeon General is charged with the responsibility of preserving the health of the Army and taking care of the sick and wounded. In fulfilling this responsibility he is charged with the care of the eyes of the personnel in the military forces. This responsibility cannot be discharged in the absence of fixed standards of preventive measures as well as comprehensive diagnostic procedures and curative therapy. In the discharge of this duty, the Surgeon General must rely upon professional men who have the educational background and experience which he believes to be essential to proper medical care.

In delegating authority for the care of military personnel he must be able to select officers in whose training he has confidence to provide the best of professional service. It is in the discharge of this responsibility that the care and treatment of the eyes, including eye refraction, has been placed in the hands of Medical Corps officers who are specially trained in ophthalmology. The Medical Department of the Army is organized and operates upon that basis. In carrying out the service of the Medical Department in eye refractions, a large number of technicians are used to assist the Medical Corps officers. In this group have been included the optometrists. They work as technical assistants to the Medical Corps officers and have rendered exceptional service in that capacity.

3. Under H. R. 1699 the optometrists would be added as an additional corps of officers in the Army and the methods of their use in Army organization would be legislatively prescribed. The bill contemplates that the job of eye refraction and the fitting of glasses be turned over to them in toto, and would eliminate their responsibility to the specially trained ophthalmologist in the Medical Corps in the performance of this function. Thus, the Surgeon General would be deprived of his authority to delegate the function of eye refractions to Medical Corps officers who have specialized in ophthalmology. This limitation, which would result from the enactment of this bill, is inconsistent with the responsibility reposed in the Surgeon General for the health of the Army.

4. There are many other contributing technical groups used as aides to the various professional departments of military hospitals in addition to optometrists. Each of these feels that its members should be recognized through commissioned status. Each of these groups in fact performs the character of services ordinarily rendered by enlisted men serving in noncommissioned grades. The work of the X-ray technician, the laboratory technician, the podiatrist, and others, is highly technical and is performed by servicemen, many of whom are highly trained and well educated. Recognition of one of these groups would in justice dictate the recognition of all, and would result in a proportion of commissioned officers in excess of that which could be justified by the War Department.

5. The Medical Department has made an attempt to utilize available optometrists in the Army and has had the cooperation of the War Department in this. War Department Circular No. 143, April 12, 1944 (exhibit A attached), makes optometrists in the Army available to the Medical Department and their services have been widely used. The possible instances of improper assignment of optometrists are believed to be exceedingly rare. At present this office has no knowledge of any enlisted optometrist who has not been assigned to the Medical Department and used in his specialty. There are estimated to be 500 officers in the Army who are optometrists. One hundred and seventy-four of these are in the Medical Administrative Corps of the Medical Department, and a number are soon to receive their commissions from the Officer Candidate School of the Medical Department. Some of the optometrists who are officers in the Army are assigned to other services, such as Ordnance, Signal Corps, and Air Corps, where their knowledge of lenses and visual testing is utilized.

6. Under the recording system of the Army, it appears that there is an estimated total of 1,409 optometrists in the Army, 500 of whom

are commissioned and 909 enlisted. Some of these are admittedly not licensed optometrists. There may be in fact more optometrists than indicated. This could result from their failure to list optometry as their main civilian occupation upon induction records. It is known that upon induction many men either reported their training as optometrists as a secondary skill or initially concealed the fact entirely. It is also known that many optometrists are also opticians, and during 1944 when much publicity was given the need for opticians to staff mobile surgical units, it is felt that many gave "optician" rather than "optometrist" as their main occupation.

7. Of the 909 enlisted personnel, a part of this number are job-trained, who had not previously engaged in the work of optometry. In their service with the Army they do not perform all that is done by the civilian optometrist engaged in that business. The job-trained enlisted man who assists the ophthalmologist in the measurement of the eyes has been trained only in that portion of the work of optometry which is utilized by the Medical Department. This training may be accomplished in a period of approximately 6 months. The Medical Department, however, desires to use all enlisted men who were optometrists in civilian life as technical assistants to Medical Corps officers. Therefore, although the Army has used job-trained enlisted men for optometry service, all servicemen who were optometrists in civilian life and are in the Army have found available assignments as technicians in the Medical Department, if they desired such service. A break-down of the assignment of enlisted personnel in the optometry classification is as follows:

Type of unit	Number assigned	Number required
Army Service Forces, zone of interior: Installations including all hospitals and personnel centers	392	416
T/O units: General hospital, evacuation hospital, convalescent center, station hospital (100–900 beds)	[1] 365	418
Army Air Forces, zone of interior: Installations	152	152
	909	986

[1] Estimated.

8. There are currently in the Medical Corps of the Army 647 physicians who are qualified by special training in eye care and in the refraction of eyes. The assignment of these officers is set forth and attached as exhibit B hereto. These officers are specialists according to War Department Technical Manual 12–406 and are rated according to proficiency as A, B, C, or D, 3125, the description of which is as follows:

Diagnoses and treats patients suffering from injuries, diseases, or disorders of the eye, operating as cases require. Supervises care of patients by nurses and enlisted technicians; gives examinations to candidates for commissions and others; refracts eyes of patients and prescribes glasses to correct visual disorders; writes case histories and prepares records of activities and other reports; performs medical administrative duties, such as procuring, storing, and issuing medical supplies and equipment. May interpret completed X-rays.

Must have training or experience in ophthalmology.

Must be graduate of a medical school approved by the Surgeon General and have completed 1 year internship.

9. In using optometrists the War Department has differentiated carefully between specialists who are required, according to the T/O, as enlisted men and officers in field mobile optical units, and optome-

trists who are used as indicated in exhibit C attached. Only in rare instances have optometrists been assigned to optical field units and then in refracting eyes simply to duplicate lenses in accordance with the mission of the mobile unit. This unit is designed to make lenses and to serve various medical organizations within the field. The personnel of the mobile unit perform the function of the optician as distinguished from that of the optometrist and have been utilized for that purpose with a high degree of success.

10. In conclusion, it is desired to state, first, that the Surgeon General in assuming the responsibility imposed upon him for the maintenance of the health of the Army must be in a position to delegate the performance of duties in respect to eye care to those whom he regards competent to administer and direct the care of the eyes; second, that optometrists are now being utilized successfully by the medical department and are performing an important and worth-while service as technical assistants to Medical Corps officers specializing in ophthalmology; and third, that it would be administratively unwise to enact H. R. 1699, which would give optometrists commissioned status, prescribe the methods in which they are to be used, and their responsibilities, without regard to existing medical, technical, and command channels.

EXHIBIT A

[CIR. 143]

CIRCULAR
No. 143

WAR DEPARTMENT,
WASHINGTON 25, D. C., 12 April 1944.

I. BAND.—Memorandum No. W615–62–42, 6 December 1942, subject, Allotment of Grades and Authorized Strengths for Bands, including C 1, 22 December 1942, and C 2, 9 August 1943, is rescinded. See T/O and E 20–107.

[A. G. 322 (16 Oct 43).]

II. MAIL.—Paragraph 2, section IV, Circular No. 26, War Department, 1944, as amended, is further amended by adding the following oversea unclassified headquarters:

APO	U. S. Army oversea headquarters	Mail originating U. S. to be sent c/o postmaster	Mail originating outside U. S. to be routed direct to—
724	District Engineer, U. S. Army.	Minneapolis, Minn.	Dawson Creek, British Columbia.
702	District Engineer, U. S. Army.	Minneapolis, Minn.	Whitehorse, Yukon Territory.
985	District Engineer, U. S. Army.	Seattle, Wash.	Skagway, Alaska.

[A. G. 311.1 (8 Apr 44).]

III. OPTOMETRISTS.—1. In view of the large number of refractions to be performed for military personnel, the services of qualified optometrists to assist in the performance of these refractions will be utilized to the extent that such personnel may be available. The policy of having optometrists perform refractions under the supervision of medical officers will be continued except in very unusual circumstances such as a situation where a medical officer cannot be in constant attendance. It will be the responsibility of commanding generals of service commands, ports of embarkation within the continental United States, Army Air Forces commands and Air Forces operating in the

continental limits of the United States, and theaters of operations to take steps as soon as practicable to insure the competency of optometrists performing these duties in installations within their commands.

2. *a.* Optometrists performing refractions for military personnel should be—

(1) Licensed in the State in which registered, and

(2) Gradutes of an approved school of optometry.

b. In the most exceptional cases only, either or both of the requirements in *a* above may be waived by the supervising medical officer with the approval of the commanders mentioned in paragraph 1. In any instance where there is a question as to whether the individual possesses the necessary qualifications, the matter will be referred for decision to the Office of the Surgeon General, Washington 25, D. C.

3. The foregoing instructions relate to the use of optometrists in both the zone of interior and in oversea theaters of operation. Because of the fact that the number of optometrists presently available in the Army is probably inadequate to insure such personnel being available to all hospital installations, it will be the responsibility of the commanders mentioned in paragraph 1 to dispose of available personnel in such manner as to insure their being assigned to installations which have the greatest need for their services.

4. The particular attention of theater commanders is directed to the fact that that under existing Tables of Organization and Equipment there is a deficiency of refracting facilities in hospital installations normally functioning within combat or Army zones, which has in some instances resulted in the evacuation of personnel to communications zone installations and their hospitalization in instances where spectacles only are required. Every effort should be made to avoid evacuation of such personnel and their treatment as other than outpatients. This will require, in some instances, the special assignment of personnel for performing refractions within combat zones and a close coordination between facilities for performing refractions and facilities available for the initial issuance or replacement of spectacles.

[A. G. 730 (27 Mar 44).]

IV. PUBLICATION.—**1. Distribution.**—War Department Pamphlet No. 12–5, Records Administration, Disposition of Records, 10 March 1944, is now in process of distribution.

2. Purpose and scope.—The purposes of the pamphlet are to provide instructions to the field relative to the disposal of records under act of 7 July 1943 (Public Law 115, 78th Cong.); to issue authority for the disposal of records in accordance with this act; and to present in consolidated form disposal instructions covering types of records authorized for destruction in conformity with prior acts of Congress.

3. War Department circulars rescinded.—The War Department circulars listed below are rescinded.

Sec.	Cir. No.	Year	Sec.	Cir. No.	Year
II	203	1941		189	1942
	20	1942		203	1942
	34	1942	X	235	1942
	63	1942		260	1942
	89	1942	I	310	1942
	101	1942		394	1942
	132	1942		45	1943
	152	1942	IV	72	1943
	159	1942	V	86	1943
			III	129	1943
			IV	134	1943

[A. G. 313.6 (22 Mar 44).]

BY ORDER OF THE SECRETARY OF WAR:

G. C. MARSHALL,
Chief of Staff.

OFFICIAL:
ROBERT H. DUNLOP,
Brigadier General,
Acting The Adjutant General.

EXHIBIT B

Opthalmologists as of May 31, 1945—Total number of 3,135's (E)

	A	B	C	D	Total
Army Service Forces	3	142	46	34	225
T/O units		7	2	3	12
Medical Department Replacement Pool		2		3	5
Returned from overseas		3	3		6
ROS patients		3	1	2	6
Patients, zone of interior		3	1		4
Total Army Service Forces, zone of interior	3	160	53	42	258
Overseas	2	136	69	42	249
Army Ground Forces			1		1
Army Air Forces	1	74	30	10	115
Army transport commands		6	2	2	10
War Department overhead		8	2	4	14
Defense commands					
Total	6	384	157	100	647

EXHIBIT C

452—Optometrist

	T/O	Units, number	Optometrist	Total
General hospital	8-550	214	1 each	
General hospital, neuropsychiatric	8-550S	1	do	
Evacuation hospital	8-580	18	do	
Convalescent centers	8-591	4	do	
State hospitals (100- to 900-bed)	8-560	173	do	
Total		400		

The CHAIRMAN. Thank you, Colonel.

Mr. KILDAY. Colonel, you said that the effect of this bill would be to charge the Optometry Corps with the responsibility for eye care, and in the latter part of your statement I thought you said that it would not leave the Surgeon General free to designate who should be responsible for eye care. I do not find any such provision as that in the bill. Is there something in the bill itself to that effect, or is that your construction of the effect of it?

Colonel HALL. That is our construction of the effect of the bill, sir.

Mr. KILDAY. Do you not think the Surgeon General, even if this bill should become law, would have the right to designate who, within the Medical Department of the Army, would discharge various functions, just as he does now, and leave the matter of refractions to the optometrists, whereas other eye care would still remain with the medical man?

Colonel HALL. Our point there is, we do not believe that professionally you can single out refraction and divorce it from the responsibility for the entire care of the eye and the system.

Mr. KILDAY. That is all.

Mr. SHORT. There is some confusion in my mind as to the number of optometrists in the Army. According to the optometrists themselves, they testified, I think, that there are approximately 2,000 optometrists in the Army. If I understood your statement a few

days ago, at the beginning of the hearings, your figure was around 1,400; is that right?

Colonel HALL. That is correct, sir.

Mr. SHORT. And out of those 1,400, only 409 are doing refracting in the Medical Corps?

Colonel HALL. I do not believe I said that, Mr. Short.

Mr. SHORT. I understood you to say a few days ago, at the beginning of the hearings, that only 409 optometrists out of approximately 1,400, according to your own figure, were actually doing refracting in the Medical Corps; and this morning I understand you to say that all of these optometrists are in the Medical Corps.

Colonel HALL. If I made such a statement, and if it please the Chair, I would like to refute it at this time, and explain.

Mr. SHORT. I could be entirely mistaken.

Colonel HALL. I would like to explain, gentlemen, that it is very difficult suddenly to pick up accurate statistics as to individuals with particular civilian occupational specialties, who are inducted into the Army as a whole.

In the first place, early in the war, we were not set up mechanically to make such records perfect. Secondly, after induction, such people with civilian occupational specialties have to be redistributed within the Army, and it is very difficult for such redistribution to be accounted for.

Unfortunately I was not prepared the other day to make a complete statement as to the number of enlisted men or the total number of officers, and what they were doing, of the total number of men that have been inducted. Subsequently to that time we have, by using Selective Service records and Army machine records and our own records, come up with these figures which we believe to be the best possible under the circumstances.

Mr. SHORT. Certainly you would not deny that there are a good many optometrists in the Army who have received commissions in other branches of the service than in their chosen profession or in the Medical Corps. None of them have been commissioned in the Medical Corps, so far as you know; have any optometrists been commissioned in the Medical Corps?

Colonel HALL. Yes, sir; I think I stated 174.

Mr. SHORT. In an administrative capacity?

Colonel HALL. They are commissioned in the Medical Administrative Corps of the Medical Department, which might better be called a medical auxiliary corps, because we have many people in the Medical Administrative Corps who do divers work for the Medical Department, a large part of it, perhaps, being administrative in nature. But we have skilled technicians commissioned in the Medical Administrative Corps, also.

Mr. SHORT. There are optometrists who are commissioned in other branches of the armed services?

Colonel HALL. That is correct, sir.

Mr. SHORT. About 1,400 of those in the Army, but only 409 doing refracting?

Colonel HALL. No, sir. That 409 figure is what I refuted. I can assure you that all of the 909 enlisted personnel of the Army, and many of the officers, who number approximately 500, are doing optometric work in the Army.

Mr. SHORT. About what percentage of all the men and women in our armed services demand eye care? The optometrists said 20 percent, and I understood you to say the other day 18 percent.

Colonel HALL. We made the statement, I believe, that approximately 18 percent of the men and women in the Army require spectacles.

Mr. SHORT. That would be almost 2,000,000, would it not?

Colonel HALL. Correct.

Mr. SHORT. Out of our armed forces?

Colonel HALL. That is correct.

Mr. SHORT. Do you think you have a sufficient number of optometrists and ophthalmologists at the present time satisfactory and efficiently to handle such a vast number?

Colonel HALL. I would like to answer that two ways: I would say first of all that I know we have had insufficient numbers in the past.

Mr. SHORT. And that you have placed optometrists in a critical category?

Colonel HALL. That is correct.

Mr. SHORT. The War Department itself has done that.

Colonel HALL. That is correct.

Mr. SHORT. You have had insufficient number on the job. Do you think, if this bill were enacted into law, granting a small percentage of commissions to trained optometrists, who are graduates of accredited schools, that situation would be greatly relieved?

Colonel HALL. I do not see how it would improve it at all, sir, because they are being used now and I would say that putting a commission on them would not help any more than it would help the orthopedics physician to take care of the man that has calloused feet by commissioning the podiatrist.

Mr. SHORT. You do not think it would help the morale of our armed troops in the least if they were being examined by a commissioned officer instead of by a buck private?

Colonel HALL. I believe, sir, the Medical Department is singularly not liable to criticism by the GI for lack of adequate care. I do not believe the morale problem, on the question whether the man is being examined by an enlisted man under supervision or by an officer, will be affected, so far as the average GI's opinion of the Medical Department is concerned, in the care that he has received in World War II.

Mr. SHORT. I will confess that the Medical Department has done a grand job in this war.

Colonel HALL. Thank you, sir.

Mr. ELSTON. Colonel, you say that there are about 1,400 optometrists in the Army?

Colonel HALL. According to the best records we can assemble, sir.

Mr. ELSTON. And all of the 1,400 would be eligible for appointment in the Optometry Corps in accordance with the provisions of this bill if it were to become law?

Colonel HALL. Apparently so. It is not quite clear, Mr. Elston, to me. There would be the matter of interpretation which would probably be done by War Department regulation, if the bill were to pass as it now is, as to who is to determine the qualifications. The bill says, for example, that any man who is registered in any State for a certain period and who has graduated from an accredited 4-year school of optometry, will be eligible for such a commission.

Who is to determine whether or not the school is accredited? Who is to determine, by regulation or otherwise, that a State which has relatively poor registry or licensure laws is to have its candidates for commission status accepted, on an equal basis, with a State that has very high standards?

Mr. ELSTON. How many of the 1,400 have been commissioned, did you say?

Colonel HALL. Approximately 500, sir.

Mr. SPARKMAN. Colonel, this thought occurs to me in connection with your quandary as to who should determine qualifications. How is that done with reference to medical doctors?

Colonel HALL. The Secretary of War on recommendation by the Surgeon General of the Army.

Mr. SPARKMAN. Do you think the same policy could be followed in this case? In other words, the only thing Congress does is to lay down a general plan. Then it is up to the Surgeon General's Office to write regulations carrying out that general plan.

Colonel HALL. I would certainly hope so.

Mr. SPARKMAN. It would seem to me that would be the purpose of the bill.

Colonel HALL. My point is, you are kind of tying our hands by saying that we shall take men from accredited schools who have been licensed for 2 years.

Mr. SPARKMAN. It is up to you to set up the standards of the accredited schools, to determine what standards shall be accepted.

Colonel HALL. I am glad to have that in the record.

The CHAIRMAN. In the very first section of the bill it says, "The Medical Department shall consist of". Whether that would tie their hands is a question.

Mr. DURHAM. Colonel, did I understand you to say that you have been training people in the Medical Corps for optometry work?

Colonel HALL. We have been training Medical Department enlisted men.

Mr. DURHAM. What kind of training do you give them to qualify them for optometry work?

Colonel HALL. We give them on-the-job or applicatory training in hospitals under our Medical Corps ophthalmologists.

Mr. DURHAM. How long is that training?

Colonel HALL. It depends, sir; I think we will produce testimony for you here later this morning that will show that it has been done successfully in 3 months.

Mr. DURHAM. Mr. Chairman, I would like to have the Colonel put in the record exactly what they are teaching, what the courses are to qualify them for optometry work.

Colonel HALL. We qualify them, sir, for that portion of optometry which the Army wishes to use; not for optometrists.

Mr. DURHAM. What educational qualifications do you require of a man for such training? Must he have a high-school certificate or give evidence of having taken a college course before you take him into the Medical Administrative Corps?

Colonel HALL. I do not quite understand that question—before we can take him in the Medical Administrative Corps?

Mr. DURHAM. Surely; if you are going to qualify him to do optometry work, certainly you would require certain educational qualifications before you placed him in training.

Colonel HALL. We have definite educational aptitude and examinatory qualifications before going to the officers' candidate school of the Medical Department. But I would disabuse you of an impression that we are training these people to do optometry work in officer status. We are not doing that.

Mr. DURHAM. What do they do—refractory work?

Colonel HALL. That is correct.

Mr. DURHAM. And you train them in 90 days?

Colonel HALL. Yes, sir.

Mr. DURHAM. That is all.

Mr. FENTON. Mr. Chairman, I just want to ask the colonel this question. This proposed bill, under section 5, paragraph (b), provides, once the Optometry Corps has been established, in order to be promoted, the man must take an examination conducted by a board composed of two optometrists and one medical officer, showing that the examination does take place under the superivision of officers of the same profession, does it not?

Colonel HALL. That is correct, sir.

Mr. SHORT. The ophthalmologist is complaining that the optometrists know little or nothing about pathology. I suppose one of the reasons is because the American Medical Association passed a resolution whereby ophthalmologists were forbidden to teach optometrists pathology. In this month's issue of the American Journal of Ophthalmology, which is the bible of all ophthalmologists, and of which Colonel Vaile is editor in chief, you can read on page 669, as follows:

> If a resolution were passed by the section, as suggested by Dr. Berens, referring the matter back to the individual States, undoubtedly there would be some States in which regulations liberalizing ophthalmo-optometric relationships would be passed and in which ophthalmologists would be allowed to give courses in medical subjects to groups of optometrists and in schools of optometry (as has been done repeatedly despite the rules to the contrary that have existed for many years).

The testimony of the dean of the Graduate School of Ohio State University, and the head of the School of Optometry there, carries a long, detailed list of curricula, courses in physiology, pathology, bacteriology, and half a dozen other ologies, showing that in these accredited schools an optometrist is given instruction in ocular pathology. So it seems, perhaps, the competition in civilian life has something to do with the matter of keeping these men forever buck privates.

Colonel HALL. Mr. Short, let me assure you, sir, that I am not a specialist of any type. I am a ridge-runner surgeon from down in Missouri.

The CHAIRMAN. A ridge runner, did you say?

Colonel HALL. Yes, sir. Mr. Short knows what I mean.

Mr. SHORT. And he is a good one, too.

Colonel HALL. I have no interest whatsoever—in my capacity here, or in my private opinion, or in civil life—in advancing the claims of any group or organization, or otherwise. My job has been, under the direction of the Surgeon General, to mobilize the Medical Department of the Army, to get it in the right place at the right time, and now to partially and selectively help to demobilize it. I am not testifying

as a specialist on the professional question. I believe that has been adequately covered. I am sincerely convinced that we should consider optometrists, as brought out by the dean of the Graduate School of Sciences—not the dean of the Medical School—of Ohio State university.

Mr. SHORT. The dean of the graduate school.

Colonel HALL. Of applied sciences. It would be interesting to know what the dean of the medical school, which is also a great school of Ohio State University, thought about their own school of optometry, in passing. But I would be very anxious to see optometrists used as the dean of the graduate school and the dean of the school of optometry testified, in all corps of the Army, as ordnance experts, visual-aid experts, ballistic experts, Signal Corps sighting instrument experts, et cetera. That is not the point. The bill says that they will all be in an Optometry Corps of the Medical Department of the Army, with rather rigid restrictions upon how the Surgeon General of the Army, and, if you please, how the commanding officer of a hospital, will use optometrists in that situation.

Mr. SHORT. I think this bill leaves the Surgeon General still supreme.

Mr. JOHNSON. Colonel, is it not a fact that in the other war they gave no commissions for administrative work in the Medical Corps?

Colonel HALL. It was during the other war, sir, and immediately thereafter, based on the findings of the Army of the United States in World War I that the Medical Administrative Corps of the Army was founded.

Mr. JOHNSON. But it was after the war was over, was it not? I know a chap, a sergeant, who really did the administrative work for Base Hospital 47, and they told him he could not get a commission. He was a man who operated a drug store that had over 100 employees in it, with 20 years' service in his line of business before he entered the Army. They said they wanted to commission him, but that they could not because he was not an M. D., not a professional man. Why did they commission these men in this war, men who do purely administrative work in the Medical Corps in this war?

General LULL. Well, I commissioned my top sergeant in the Sanitary Corps.

Mr. JOHNSON. But this man of whom I speak could not get a commission in the Sanitary Corps in World War I.

General LULL. As a matter of fact they do not even need a high-school education if they are good enough and have the necessary qualifications.

Mr. JOHNSON. Do they not have to have previous experience in sanitary engineering in order to be commissioned?

General LULL. I had a top sergeant who was a registered pharmacist, and I had him commissioned in the Sanitary Corps.

Mr. JOHNSON. This man was given different information, and then after the war they began to commission them.

General LULL. There was no provision in the Regular Army for an administrative corps until the reorganization of the Army after the war, but in the National Army during World War I, the Sanitary Corps took care of all the administrative positions.

Mr. JOHNSON. In this particular case they did not commission him. I know all about this case. He ran Base Hospital No. 47, and this man did all of the administrative work there practically.

General LULL. I do not know why he was not commissioned. He could have been.

Mr. JOHNSON. Were they not later commissioned because they had more responsibility, and they felt it was fair and just that with that responsibility they should be commissioned?

Colonel HALL. That is true on the basis of past experience in World War I and based on the experience in the reserve during the peacetime era between World War I and World War II.

I believe it is grossly unfair to bring up the individual case of a man who is not commissioned because they have to be in the officer candidate school system which requires these definite prescribed qualifications before they can get in. Under Army Regulations 625–d–5 a man must have certain basic qualifications, must have shown certain demonstrated leadership before he is eligible for the officer candidate school, and who knows but what he lacked one of those qualifications?

Mr. JOHNSON. I do not think he lacked any of them, and they were not commissioned, as a matter of fact, except in very rare cases where men had experience in sanitation.

The point I want to make is: Do you not think that some of these optometrists, who are scientific men in my opinion, and professional men, ought to be given a chance to get a commission in their particular field of science?

Colonel HALL. They do have a chance to get a commission in the Medical Department of the Army just as all other technicians have a chance to be commissioned if they are eligible and can make the grade within a democratic system of selection and can get into officer candidate school and prove their fitness. Our point is that they should not be given that chance when other technicians are not given the same chance.

Mr. JOHNSON. But, Colonel, when you commission them in the Administrative Corps you do not let them do the work that they are trained for, their lifework, but you make businessmen out of them.

Colonel HALL. Not necessarily. We use many medical men in one way or another in professional or technical work.

Mr. JOHNSON. Do you have one optometrist who is a commissioned man carrying on the work that he is trained for?

Colonel HALL. Yes.

Mr. JOHNSON. Where do you have him?

Colonel HALL. There are many in the mobile optical units.

Mr. JOHNSON. But none of them are in the Medical Corps where you have over a million and a half people to look after.

Colonel HALL. You have to be a doctor to be in the Medical Corps.

Mr. JOHNSON. You use them in other departments, like the Signal Corps, the Air Corps, and the Ordnance Department sort of incidentally, and in a backhanded way?

Colonel HALL. No; there is nothing incidental or backhanded about it at all. If Ordnance wants an optometrist to help them develop a precision instrument like a range finder, a sighter, or something like that, they simply set up a job description with the qualifications that go with it and get him through the officer procurement service.

Mr. JOHNSON. In other words, you use their science in other branches than in the Medical Corps?

Colonel HALL. No, sir; that is not correct, sir. We use it in the Medical Corps, also.

Mr. JOHNSON. Do you know of any optometrists who are working in their profession as officers in the Medical Corps?

Colonel HALL. Providing you are not confusing the Medical Corps with one of the nine corps of medical officers in the Medical Department the answer to that question is yes, we do use them in the mobile optical units as officers in their chosen profession. Now, those are rare instances. I will state to you that the greatest number when they become officers through the selective processes of the War Department officers' candidate schools, or otherwise, they are not used as optometrists.

Mr. JOHNSON. Colonel, what proportion of the optometrists in the enlisted personnel in the Medical Corps are below the rank of sergeant?

Colonel HALL. There is absolutely no way to give you that information. As a result, I believe, of Mr. Stewart's question at one of our first meetings we tried to find out by rating what the optometrists in the enlisted corps were rated as, but we were unable to do so.

Mr. JOHNSON. Is it fair to say that 50 percent of them or more are corporals or under?

Colonel HALL. I believe that it would be very unfair to say that because in our table of organization which we have set up calling for optometrists incident to establishing them as critical specialists we provided that they be staff sergeants or above.

Mr. JOHNSON. Do you think that these cases that have been presented to us are just isolated cases that are not fair samples of what is going on either in the matter of treating eyes or taking measurements, and so forth?

Colonel HALL. I definitely do, sir.

Mr. JOHNSON. But you have no specific proof to that effect, have you?

Colonel HALL. No. If I had been working for a number of months on it I am sure that I could present overwhelming amounts of evidence to the contrary and we will attempt to do that later on today.

Mr. JOHNSON. One point you made was that you did not think the Surgeon General, who is responsible for the health of the Army—and I want to agree with the rest of my colleagues that they have done excellent work in the Medical Corps—that he would not have confidence in these optometrists, not the confidence that he should have to appoint them to responsible jobs and see that they were commissioned.

Colonel HALL. That is correct.

Mr. JOHNSON. Do you think any M. D. would have confidence in anybody except an M. D.?

Colonel HALL. Yes, sir; I think we do have, and I think we do show it right along, and I think our testimony is going to indicate that we have confidence in these optometrists doing what they are basically qualified to do. The question of giving a man commissioned status in the Army comes down to whether or not he has had the equivalent training to meet the standard established at a given level to be an officer, a demonstrated level, and whether he has demonstrated the leadership and aptitude necessary for commissioned status. The point resolves itself in the fact that the Surgeon General of the Army knows that you can print anything in a catalog, but that is much different from seeing what they do and he does not feel that universally all optometrists that are registered and in practice are sufficiently strong to get medical status.

Mr. JOHNSON. I agree that you should pick out the ones that are good, and throw out the ones who are bad.

The CHAIRMAN. But not under this bill.

Colonel HALL. No; I am afraid not, Mr. Johnson.

Mr. JOHNSON. If we could change the bill to correct that would you then think the bill was O. K.?

Colonel HALL. No, I would still be against it because of the other technicals involved, and I believe that this would be an example of a foot in the door toward commissioned status in the Army, and I am convinced that the commissioned corps of the Army is already large, and that it should not be greatly increased.

There is no dishonor about serving as an enlisted technician or a noncommissioned officer in the Army. I consider it one of the greatest honors in the world, and I cannot see how anyone would object to that.

Mr. JOHNSON. It is not a matter of honor; it is a matter of a man getting what he thinks he ought to have.

Mr. HARNESS. Colonel, did I understand you to say that you are now helping to demobilize the Medical Corps?

Colonel HALL. We are making plans toward the partial selective demobilization of the Medical Corps of the Medical Department of the Army.

Mr. HARNESS. Have you gotten far enough along with it so that you have any definite plans as to how these doctors will get out of the service?

Colonel HALL. Yes, sir; but I believe that should be in executive session.

Mr. HARNESS. The reason I ask this is because in my State of Indiana, the Medical Association just recently passed a resolution, a copy of which they sent to me, calling to the attention of the War Department the desperate need in my State for doctors. I just want to know, because you made the statement, whether you have some definite plan, and I would like to find out how we can get some of them back home.

Colonel HALL. I would be glad to visit with you on that at any time and tell you.

Mr. SHAFER. You ought to visit with all of us on that.

The CHAIRMAN. That is a question that is not pertinent to this hearing, Mr. Harness.

Mr. HARNESS. Yes, I know it is, but I wanted the information.

The CHAIRMAN. I would like to hurry along with this as fast as we can because we have four other witnesses to be heard.

Do you make any distinction between the case of a man who operates an instrument of some kind in the Signal Corps or in the radio establishment and the man who deals with the human eye as to qualifications and as to the possibility of making a mistake?

Colonel HALL. Yes, sir; the Surgeon General makes a great difference in that respect.

The CHAIRMAN. Why?

Colonel HALL. Because you can rebuild an instrument, or you may fire some ammunition that is short or breaches the mark, and also fire again, but if you make one mistake on the eye that individual is maimed for life, perhaps.

The CHAIRMAN. Yes. Thank you very much, Colonel.

Colonel HALL. Thank you.

STATEMENT OF CAPT. JOHN CHARLES CUNNINGHAM, MEDICAL CORPS, CHIEF OF OPHTHALMOLOGICAL SECTION, STATION HOSPITAL, PATTERSON, FIELD, OHIO

The CHAIRMAN. Capt. John C. Cunningham, office of the air surgeon, Patterson Field. Will you come around now and give your statement, and give it just as quickly as you can.

Captain CUNNINGHAM. Mr. Chairman, and members of the committee, my name is John Charles Cunningham, captain, Medical Corps, chief of ophthalological section, station hospital, Patterson Field, Ohio, where I have been stationed since September 1943.

I am a graduate of the University of Vermont Academic College, A. B. degree 1931, University of Vermont Medical School, 1935. I spent 1 year rotating, general internship, St. Francis Hospital, Hartford, Conn. In 1937 I began residence in ophthalmology at the Eye Institute, Columbia Presbyterian Medical Center, New York. I spent 3 years in this eye residency.

In 1940 I was associated with Dr. Daniel B. Kirby, New York City, professor of ophthalmology at New York University. During this time I was instructor in ophthalmology at New York University Medical School, and on the eye service at Bellevue Hospital, New York. I passed the board of ophthalmology examinations in 1942. I practiced my specialty in Dubuque, Iowa, for 1½ years preceding my entrance into the Army on November 11, 1942.

On September 1, 1943, I was assigned as chief of the eye section, Army Air Forces Hospital, Patterson Field. From this date until December 1944, Corp. Marlan E. McElwain, who I understand testified before this committee a few days ago, was an optometrist at Patterson Field. I read the statement which Corporal McElwain made before this committee, which was contrary to the facts as I know them from personal first-hand observation. The following statements are made by me on the information thus obtained.

Corporal McElwain in his testimony said that he and another optometrist performed during the period of his work at Patterson Field 6,000 refractions on enlisted men, not one of which cases was refracted under drops. This is not a statement of fact, as shown by our records: Our records show that from January 1942 to June 1945, 5,177 refractions were performed on enlisted men by both optometrists and medical officers. During this time there were three periods when Corporal McElwain was not acting as an optometrist at Patterson Field but was elsewhere. That is, from January 1942 to January 1945. The first period was in 1942, when Corporal McElwain performed about 10 refractions. The second period was during 7 months of 1943. The third period was for the first 6 months of 1945. The records, therefore, indicate that considerably less than 5,177 refractions were performed during the period of time when he was stationed at Patterson Field. Furthermore, an analysis of the refraction records shows that the corporal performed a total of 2,158 refractions on enlisted personnel, and to my knowledge by far the majority of these, virtually all were done under the supervision of an ophthalmologist.

When I came on duty at Patterson Field in September 1943, Corporal McElwain was there and worked under my supervision until he was transferred to the Ground Forces in December 1944. In other

words, during the longest period of time when Corporal McElwain was working as an optometrist at Patterson Field, he was working as my technical assistant. I can state, therefore, from first-hand knowledge that during this period Corporal McElwain refracted, or refracted in part, 776 cases. That is, while I was at Patterson Field.

Corporal McElwain in his testimony stated that when he returned to Patterson Field in August 1943, and during the year and one-half that he was stationed at Patterson Field, none of the patients—and these are his words—refracted by other optometrists or by him was seen by a medical officer.

Furthermore, that the prescriptions, resulting from refractions performed by the optometrists, were signed by him in the name of the medical officer in charge. He also stated that the medical officer in charge was an ear, nose, and throat specialist and had nothing to do with his eye work. Corporal McElwain returned to Patterson Field on August 18, 1943. At that time the eye service was under the supervision of Captain Seward, an ophthalmologist whom I replaced on September 1, 1943. On October 1, 1943, another ophthalmologist was assigned to Patterson Field—a Lt. John J. Flick—who was assigned to work in the same dispensary in which Corporal McElwain was serving as an optometrist. Lieutenant Flick was stationed there for approximately the entire time that Corporal McElwain was working in the dispensary. Thus, Corporal McElwain performed by far the majority of his refractions under the direct and immediate supervision of Lieutenant Flick, a qualified ophthalmologist, or myself. In fact, to my knowledge, no patient was referred to Corporal McElwain for refraction unless he had previously been seen by Lieutenant Flick, by me, or by the medical officer holding sick call. The optometrist on no occasion signed the officer's name on the final prescription for glasses.

I also had an opportunity to supervise Corporal McElwain's work very closely in view of the fact that for approximately 20 percent of the time when he was stationed at Patterson Field he worked in the eye-examining room, in which I was present in person. He worked under my immediate and direct supervision. As the usual routine, I checked the refractions of Corporal McElwain and thereafter personally went into the examination room and went through the refractions again myself. As a result of this, many times I prepared different prescriptions from those recommended to me by Corporal McElwain. He was generally a competent operator as an optometrist. However, during the entire period of time that he worked with me, in the same examining room I personally checked the data on all refractions made by him before issuing the prescriptions.

I was the chief of the work in ophthalmology and under my immediate supervision another medical officer, who was a specialist in ophthalmology, had charge of the dispensary across the street. It was in this dispensary that Corporal McElwain worked about 80 percent of his time. I was in that dispensary very frequently as it was under my general direction. I know that there were no stamps with the physician's name used in that dispensary and also that the medical officer in charge followed the same system that I followed, and that he personally checked the work of Corporal McElwain. The medical officer was Lt. John J. Flick, who was a trained ophthalmologist. I

also know that he did a substantial amount of refracting himself and that when work done by enlisted men appeared questionable he personally rechecked the work himself.

Corporal McElwain also stated that of the 6,000 refractions performed on enlisted men at Patterson Field, not one was refracted with drops. This is definitely not the fact. In carrying out the Surgeon General's policy, optometrists could only refract an individual under drops with the permission of an ophthalmologist. During Corporal McElwain's stay at Patterson Field there were many of these examinations performed under drops, and I would estimate that 50 percent of all the cases, including enlisted men, officers and dependents, were done under drops under the immediate supervision of Lieutenant Flick or myself.

Referring to Corporal McElwain's statement regarding 6,000 refractions being done by optometrists without being seen by a medical officer, a recent survey of the hospital records discloses that during the past 18 months a total of 4,317 refractions were done in the department, and that of this total 3,795—or 87 percent of all refractions—were done directly by the medical officer, or officers, in charge with some assistance from the optometrists, such as preliminary refraction and checking visual acuity. The remaining 521 cases were refracted primarily by optometrists and prescriptions checked in these cases by the medical officer in charge. This indicates that adequate supervision has been maintained at all times. At no time at Patterson Field has a rubber stamp of the name of the ophthalmologist been made.

I would like to state that eye examinations at Patterson Field are definitely not conducted in the haphazard way indicated in the testimony given before this committee by Corporal McElwain. The work is being very carefully performed by competent men and the instructions of the War Department pertaining to eye examinations are carried out to the best of my ability.

Now, I would like to make a few other comments.

I am appearing before this committee as a clinical ophthalmologist. I have been examining eye patients all day long at Patterson Field for the past 2 years. During this time I have had two or three optometrists as technical assistants. I have seen their work. I know their ideas. After leaving this hearing Tuesday, I flew back to Patterson Field and had a busy day Wednesday. Knowing you would be interested in a typical day's work, I am going to cite three cases which came into the clinic this past Wednesday.

The first case. An injury with vision slightly less than normal in the injured eye. I asked the optometrist: "What do you see?" His answer: "Blood on the eye." I asked him to return to examine the patient again. The same answer. It was very obvious to me that the external coating of the eye had been ruptured and the jelly-like flued within the eye obviously bulging forth. Immediate surgery was indicated and was done by me.

The second case. The patient had poor corrected vision in both eyes. The optometrist and I examined the eye and it was apparent that both optic nerves were diseased. The only comment made by the optometrist was: "The patient has been drinking wood alcohol. It is too late. I would just give glasses." He had never heard of disease of the optic nerve behind the eye due to tobacco or ordinary whisky

where vitamin B1 therapy is a definite aid in restoring vision. This medication was ordered. Nor did he mention syphilis, which is another common cause for disease of the optic nerve behind the eye.

A third case. The patient, on refraction, did not correct down to normal vision. The patient said: "My vision is wavy." I asked the optometrist what he found. His only answer was: "The light is wavy." Both the patient and the optometry agreed that the light was wavy. That was the final conclusion of the optometrist, except to mention that the patient had kerataconus. This, by the the way, is a common diagnosis, and the optometrist feels that all are cured with a contact lense. The actual fact in this case was the patient had an opacity or cataract on the posterior part on the lense of his eye, which no contact glass would help. The optometrist would have ordered a contact glass—cost of $50 to the Government.

I do not criticize these technicians. They have done as well as they know how—but that is not enough. It was mentioned in this hearing Tuesday that the optometrists have invented or improved practically all optical instruments. That is contrary to fact. However, they do like instruments. I recall the early months at Patterson Field. I obtained a slit lamp. The optometrists were happy to see this instrument. All the optometrists at that time were graduates of the so-called best schools in optometry. Yet, not one of them knew the preliminary functions or indications for the use of the slit lamp. Yet this instrument is a recognized, very essential aid to ophthalmologists in determining early disease of the pupil, the cornea, and the lens of the eye.

Can you picture the ridiculous situation, gentlemen, which would arise if this bill passes? Take the usual Army air base, such as Patterson Field, if this bill should pass. A colonel walks into the hospital and the optometrist, a major, with all the shiny equipment found in the Medical Supply Catalog and the gold leaves gleaming, and instead of a large sign of a pair of eyes blinking neon lights at the colonel, or a bright sign saying: "When your eyes are dim see Dr. Grim. No charge for examination. Most fashionable glasses at a bargain price"—instead of that now he has a small—a very small sign you would need one of his shining instruments to read: "Responsible for lenses only. Not responsible if you have optic nerve disease, glaucoma, pituitary tumor of the brain." But this patient is the colonel, the base C. O. The major refracts the colonel. He has normal vision in both eyes, but the major optometrist did not notice the pressure of the colonel's left eye. Besides, the ophthalmologist, with 3 or 4 years training in eye diseases in addition to medical school, is at the other end of the hospital. He is just a lieutenant and he has what is left of the equipment which the major did not care for, but this lieutenant can tell beginning glaucoma in this colonel even without the shining equipment. He has been taught to look for this. Finally, in a week the major optometrist, with a very red face and deep apologies, ushers the colonel into the lieutenant ophthalmologist. It is too late. Glaucoma is irreversible. The vision has been lost. Gentlemen, consider the position of the colonel, or maybe it is your son in this Army. It is not common sense that a major optometrist will ever be responsible to a lieutenant ophthalmologist. It just is not the Army.

To conclude, the question in this bill, No. 1699, is not whether Joe Doakes, optometrist, needs a commission. Every tail gunner should be an officer, as far as I am concerned. They are technicians. It is not a question of fairness to technicians. The question is: Where will the responsibility rest? Where should it rest for the health of the patient—for the fairness of the patient? In the hands of the lieutenant ophthalmologist, who by all laws of the land is liable and responsible, or the major optometrist, who by all laws is not liable nor responsible.

The CHAIRMAN. Is that your statement?

Captain CUNNINGHAM. Yes, sir.

The CHAIRMAN. Are there any questions?

Mr. ELSTON. Captain, if an ophthalmologist is going to review everything that an optometrist does why is there any necessity of having an optometrist do any work at all?

Captain CUNNINGHAM. Well, there is a definite help there to get visual acuity. If you have a large number of patients the optometrist gets visual acuity, he does the refraction, and it is an aid to the opthalmologist. You are able to examine a large number of patients and complete your work sooner.

Mr. ELSTON. If you review everything that he has done you certainly would detect anything that he might detect, would you not?

Captain CUNNINGHAM. Yes.

Mr. ELSTON. So that it is just double work, is it not?

Captain CUNNINGHAM. No. As far as the ophthalmology and the examination of the inside of the eye is concerned, the fact is that that should be done by a medical officer. Just because a patient sees normal vision with that prescription does not cover it. There are other things, such as muscle balance, and whether they have worn glasses before, and all of those things that have to be taken into consideration. So, there is some duplication of work, but for the most part there is not.

Mr. SHORT. How many ophthalmologists did you have at Patterson Field from 1942 to date, besides yourself, of course?

Captain CUNNINGHAM. Well, we have had three other ophthalmologists besides myself.

Mr. SHORT. And you four gentlemen have reviewed all of these 6,000 or 7,000 cases?

Captain CUNNINGHAM. One of the officers next will give the testimony regarding the first two medical officers who were there before my time.

Now, since I have been there up until the present date, that is, from September 1943 until this present date, by far the majority of the refractions done by the optometrists have been reviewed by myself or an ophthalmologist there who has worked under me, Lieutenant Flick.

Mr. SHORT. Corporal McElwain did refract approximately 2,000 cases in three different periods?

Captain CUNNINGHAM. That is correct.

Mr. SHORT. Why were there lapses between the periods of his service?

Captain CUNNINGHAM. I believe the first 3 or 4 months he was there, as all enlisted men on that field, whether they are technicians in the laboratory or technicians on the aircraft, he took the basic training that accounted for, I would say, about 3 months.

Mr. SHORT. He must have been a fairly good technician or you would not have had him back a second time; certainly not a third time.

Captain CUNNINGHAM. Well, then, the other period of time is accounted for by work in Columbus. He was over there for some time.

Mr. SHORT. Mr. Chairman, I think we ought to get one thing fixed on our minds, and that is the legal liability involved. Colonel Vail testified, I think, at the last hearing that an Alabama court did relieve an optometrist from legal liability by reason of his failure to recognize a pathological condition of the eye. While that is true, there are other jurisdictions, including the District of Columbia, that do hold optometrists liable, just as they hold physicians liable for any malpractice or making errors. Is it not true that the insurance companies that insure physicians, M. D.'s, against suits for malpractice likewise insure optometrists against liability?

Captain CUNNINGHAM. I am not sure of that.

Mr. SHORT. Of course, they do not charge as high rates and they do not pay as high claims. They insure both the M. D.'s and optometrists.

Captain CUNNINGHAM. It was my understanding that in the majority of the States the optometrists were not liable or responsible. Say, if a patient came in with syphilis of the optic nerve, if the optometrist did not recognize that he was not responsible.

Mr. SHORT. Is it not primarily the duty of the optometrist to detect a pathological condition, and when he finds it, that he refers the case to an ophthalmologist for complete diagnosis? There is a difference between detection and diagnosis.

Captain CUNNINGHAM. That is correct, but there are many conditions of the eye where without the general medical background, as you look into the eye, the ophthalmologist cannot see anything abnormal. For instance, take in the case of a patient with diabetes. A patient comes into a clinic and he is running a rather high blood pressure. His diabetes is not under control. You may look in his eye and not see a thing out of the ordinary, but looking on his chart you notice that that is the case, and there are cases of that nature.

Mr. STEWART. During the time that you have had four medical officers there, how many optometrists have you hade there, Captain?

Captain CUNNINGHAM. Well, the average, sir, has been three— two and three.

Mr. STEWART. During that time?

Captain CUNNINGHAM. Yes. Some of the times there were two ophthalmologists, and some of the times three.

Mr. STEWART. You gave a certain period of time in which there were four medical officers there.

Captain CUNNINGHAM. Yes, from May 1942 up until the present time.

Mr. STEWART. How many optometrists did you use, over-all, in that time?

Captain CUNNINGHAM. To the best of my knowledge I would say there have been seven or eight optometrists there, and the most at any one time that were there was three. In other words, some came in and some went out.

The CHAIRMAN. All right, sir. Are there any further questions?

Mr. CLASON. Yes.

The CHAIRMAN. Mr. Clason.

Mr. CLASON. Do I understand the situation to be that here in the United States, at any post, in order for a person to hold a commission in the Medical Corps he must be a graduate physician, that is, an M. D., outside of the administrative section?

Captain CUNNINGHAM. I would like to refer that question to Colonel Hall, sir.

Colonel HALL. That is correct, in the Medical Corps of the Medical Department.

Mr. CLASON. In the Medical Corps?

Colonel HALL. Yes.

Mr. CLASON. Now, do I understand, if a man is sent out with one of these mobile units with the forces, actually near the fighting lines, he goes into areas somewhere where they are acutally waging a campaign, and it is possible for a man to be actually doing the work that you feel should be done by a graduate physician and to have a commission, without any supervision from an ophthalmologist; he being an optometrist he can carry on his work without any supervision and be allowed to do it while holding a commission in the administrative branch?

Colonel HALL. May I answer that question, Mr. Chairman.

The CHAIRMAN. Yes.

Colonel HALL. In the first place when a man comes into the Army he is given an induction examination at which the ophthalmologist reigns supreme as far as the eye examination is concerned. In the second place, before he gets into a combat area, if he requires spectacles, he is given not one pair but two pairs of them, a replacement pair. He has his immunization register and everything and his prescription printed on a card at the time of that examination, usually in the zone of the interior.

The function of the optical units is to support combat areas and to replace those spectacles as needed if they are broken in combat or otherwise, or if they are lost or displaced. Now, provision is made in this article, which is in the record, that if a slight refraction is necessary, purely a refraction, it may be done if qualified personnel in the Army, an optometrist, is present in the unit, but only under those circumstances.

Mr. CLASON. Then why is it that it is not necessary to have an ophthalmologist out with one these mobile units?

Colonel HALL. Because probably within a few hundred yards of that optical unit would be either an evacuation hospital or a staff hospital or a general hospital that had qualified ophthalmologists in it to do this work, and such functions are referred to this unit for the ophthalmoscopical examination.

Mr. CLASON. Why does this man have to have a commission that is in this unit?

Colonel HALL. Because in addition to the work that he does, such as grinding a lens or refracting, he is also the commanding officer of the unit. He has additional duties.

Mr. CLASON. Here in the United States an optometrist, if he wants to pursue the same type of work that he did in private life and not lose his technique, so to speak, over a period of 4 or 5 years of war, he has to serve in a noncommissioned status. If he wishes to get a commission, the only way he can hope to do it and still keep his hands on

his technical work is by going into one of these overseas mobile units and taking on additional duties to those that have to do with the actual practice of his technical skill.

Colonel HALL. That is not dissimilar to other technicians or even lawyers.

Mr. CLASON. But the lawyer is in a position to go ahead in the Army in the Judge Advocate General's branch with a commission and can still practice law, so to speak, whereas, as I view it, an optometrist has to give up the actual practice of his skill if he wishes to secure a commission and remain in the United States.

Colonel HALL. You will find that very few lawyers who are inducted are commissioned, because of the relatively small size of the Judge Advocate General's Department.

Mr. CLASON. That is true, but on your theory every optometrist is bad, whereas some lawyers are entitled to a commission. No optometrist is entitled to a commission. There is a question in my mind whether in fairness something ought to be done for them. As somebody said about the tail gunner, even though he has certain technical skills, nevertheless, he is not entitled to a commission.

Colonel HALL. That is exactly the question. It comes down to whether you are going to do the same thing for X-ray technicians or for enlisted psychiatric social workers, who have all had a 4-year college course plus 2 years applied training in social service work, mostly in large hospitals, investigating the home surroundings of these psychiatric cases. If you are going to do that for the pediatricians, the inducted medical technicians, the laboratory technicians, the surgical technicians, you will have an army of nothing but officers.

Mr. JOHNSON. Do you have any personal knowledge of Corporal McElwain? Do you consider him competent as an optometrist?

Captain CUNNINGHAM. Yes, as an optometrist he was capable.

Mr. JOHNSON. Was there anything in his record and your personal contact with him that made you think he was dishonest in any way?

Captain CUNNINGHAM. No, as far as his work as an optometrist is concerned.

Mr. JOHNSON. As an individual would he exaggerate, do you think?

Captain CUNNINGHAM. I am afraid that was true at times.

Mr. JOHNSON. This is a statement he made specifically, that some medical officers—I do not know whether it was you or someone else—sign these reports in blank and later on he performs the refractions and turns in the report without the officer seeing them. To your knowledge, was there anyone who would sign these reports in blank and turn them over to the optometrist to make the refractions and investigations required?

Captain CUNNINGHAM. While I was there, to the best of my knowledge, those slips were not signed.

Mr. JOHNSON. Is it your practice to sign them after the examinations are made?

Captain CUNNINGHAM. That is correct.

Mr. JOHNSON. When you look that over is there any indication on the blank whether any errors have been made, or is there any way to tell whether there has been an error in diagnosis, without repeating the same thing that he does?

Captain CUNNINGHAM. In many cases an examination of the patient himself would indicate that there was something further needed, or that his vision that did not correct down properly.

Mr. JOHNSON. Suppose that he made an examination and entered his findings on a piece of paper and has made certain notations. Would those findings on their face indicate to you that there was anything wrong with the examination made by the optometrist?

Captain CUNNINGHAM. No. On the face of what he had found, it would not.

Mr. JOHNSON. To be certain you would have to go and do the same work over again, would you not—that is, to be sure that a correct diagnosis had been made as to the man's eye trouble?

Captain CUNNINGHAM. Part of the work would have to be repeated.

Mr. JOHNSON. Then you do rely to some degree, at least, on the examinations they make without any reexamination yourself.

Captain CUNNINGHAM. By far the majority are checked by one of the ophthalmologists.

Mr. JOHNSON. Do they make a spot check of these reports?

Captain CUNNINGHAM. In the office in which I was working and in which Corporal McElwain spent more than 20 percent of his time——

Mr. JOHNSON. Are the optometrists from a school like Ohio State taught to detect diseases of the eye like the ones you mentioned where there was a bad nerve that required vitamin B–1? Are they taught to do that?

Captain CUNNINGHAM. I do not believe they are, sir. It so happens that a majority of the men who have worked with me have been graduates of Ohio State.

Mr. JOHNSON. Have most of them been competent?

Captain CUNNINGHAM. They have been competent as optometrists, and cooperative.

Mr. JOHNSON. But you feel that they do not have the medical training to really give the man the appropriate service that he is entitled to?

Captain CUNNINGHAM. That is correct, sir.

Mr. JOHNSON. To detect difficulties that cannot be detected by these mechancal means?

Captain CUNNINGHAM. That is my opinion.

The CHAIRMAN. Thank you very much.

The next witness we will hear from will be Dr. Alan C. Woods, head of the department of ophthalmology, Johns Hopkins University medical school.

I would like to explain before the witness starts testifying that this matter seems to be a rather important matter, and I want to hear somebody from outside the War Department and somebody outside the field of optometry. I asked the medical association to send up a couple of witnesses. Dr. Woods is here in that capacity.

Doctor, will you state your position?

STATEMENT OF DR. ALAN C. WOODS, HEAD OF THE DEPARTMENT OF OPHTHALMOLOGY, JOHNS HOPKINS UNIVERSITY MEDICAL SCHOOL

Dr. WOODS. Mr. Chairman, my name is Alan C. Woods. I graduated in 1910 with the degree of bachelor of arts, Johns Hopkins. I took my M. D. degree at Johns Hopkins in 1914. Thereafter I had general medical training with the Brigham Hospital in Boston, and

thereafter in Philadelphia. I later served in the Army and later with Johns Hopkins.

My present position is director of the department of ophthalmology of the Johns Hopkins University school of medicine, and I am director of the Wilmer Ophthalmological Institution of the Johns Hopkins Institute at Baltimore.

I would like to emphasize, first, that I am appearing here at the request of the American Medical Association and that my interest in this bill is limited solely to the question of the general public health and eye care of the population, especially of the men in the armed forces, to see that they have proper care. I have no concern about the question of the economic competition between the optometrist and the ophthalmologist.

First, I would like to bring out what ophthalmology is. Ophthalmology is, after all, a study of the diseases of the eye and the abnormalities that afflict the human eye, to which refraction is only one part.

Now, when a man becomes an ophthalmologist he must first go to a reputable medical school and graduate and have his preliminary education. He is no more an ophthalmologist when he finishes his course in medicine than he is a chemical engineer. Then he will start on his ophthalmological training.

It is my job in life to train ophthalmologists. I think that it takes about 4 to 5 years—I would say a minimum of 3 and, much better, 5—to train a man to be a competent ophthalmologist after he has graduated from a school of medicine.

Ophthalmology is both a medical and surgical specialty. It touches upon all the diseases of the eye. You have only to think of the tremendous number of ocular complications which complicate syphilis, tuberculosis, which complicate all the endocrine disturbances to which the body is subject, which complicate the generative diseases, the vascular diseases, the tremendous number of ocular complications that occur in all neurological disorders, to realize that refraction, which is merely the correction of an optical defect in the eye, is only a small portion of the science of ophthalmology. It is one of the component parts of the subject, but it could not be regarded as making a man an eye physician, or making a man a doctor in any sense of the word.

Now, the question of optometry is a long one. It has plagued us in ophthalmology for many, many years. The optometrists have done an enormous amount of work to clean their own house since the time that they used to hang out an illuminated sign over the sidewalk. They have gradually increased the length of time it takes to train an optometrist, and they have increased the courses and the curriculum, in the various schools of optometry. It is utterly impossible to make a man, even by giving him courses in bacteriology, pathology, in a school of optometry, a competent ophthalmologist. A man must have a background of general pathology. He must have his background of knowledge of inspection and the resistance of the human body to diseases before he can take this top degree of special ophthalmologic pathology. He cannot digest it unless he has the background in fundamentals that will permit him to go to work and become a competent man.

Now, in the early days, the optometrists wanted the title of doctor. Legislation was introduced to make them doctors of optometry. In many States that passed. I am not a medical legal expert, and I can

give you no facts or figures on this, but in many States optometrists are known as doctors of optometry.

In the eyes of the public that has led to endless confusion. They called these people doctors. A man from the street thinks that he is going to see an eye doctor. He does not differentiate between an optometrist and an ophthalmologist. As far as he knows, he is going in to see a doctor. If there is nothing the matter with his eyes other than refraction, he will be getting pretty good care. On the other hand, if he has something else the matter with his eyes, he usually gets pretty short-shifted.

I can only tell you that in my wards in the Johns Hopkins Hospital in the Wilmer Institute there is not a day that goes by in the whole year that we do not have in the wards horrible examples of cases of ophthalmic diseases that have been missed by the optometrist. The poor patient would go time and time again to see the optometrist and there would be various changes in glasses made, and finally the optometrist would throw up his hands and the poor benighted individual would come to Johns Hopkins Hospital and there we would make the final diagnosis of glaucoma or ocular tuberculosis, or syphilis of the eye, or pituitary disturbances, tumors, or other disturbances.

During one period of time the optometrists made remarkable claims as to what they could do. They have offered the idea that they can cure myopia. From the days of the unlamented Dr. Bates, who was a practitioner up in New York and who had a method of curing myopia, his disciples are still with us, and they advance these claims that they can cure myopia; that they can take a man who has been disqualified for entrance into the Naval or Military Academy and train him up to the point where he can pass. Occasionally, through visual training, something can be done.

They have also made extraordinary claims about curing color blindness, which is another question fraught, I think, with tremendous danger.

They have made extraordinary claims regarding the apparatus that they have designed and perfected. In answer to that claim, I can only tell you that in the Wilmer Institute, which I believe is one of the best equipped in the world—it certainly should be, and if it is not, it is my fault—I do not know of one, single, solitary piece of apparatus in the whole institution that owes its genesis to optometry.

A great many pieces have been invented by physicists and chemists, engineers, but I know of no single solitary piece of real valuable apparatus which is used by ophthalmologists for which we are indebted to the optometrists for the invention.

Now, I would like to make the main point that it is totally unsafe for the men in the armed services to break down a specialty into component parts. There is a place for the optometrist in the Army, undoubtedly, but I think the place of the optometrist is solely as a technician to do refraction after a preliminary examination has been made by an ophthalmologist.

The question has been brought up that this is dual work. Yes, to a certain extent it is dual work, but a trained ophthalmologist does not have to be a god in order, after having made a preliminary examination of a man's eye, to turn his case over to a technician, to look at the record of the refraction, to look at the record of the muscle balance, to see what the combination is.

These things have been charted out for him, and then he can look at the final prescription and tell whether or not the prescription is approximately correct. A trained man can tell that in a very few months.

The place, therefore, for the optometrist in the armed services, or in civilian life, if you wish, is to adequately and carefully measure the refraction to test visual acuity, to take the muscle balance, to take the range of accommodation, and on that basis if he can produce and give good normal vision, then he can do it; but I think those findings should be checked over by an ophthalmologist. Certainly that should be done in the armed services.

Practically, with the general public it is impossible to do this because there are not enough ophthalmologists to go around to do all the checking.

I can repeat only what I have said, that I think an effort to break down ophthalmology into its component factors would lead to endless confusion. You would have to have a special corps of optometrists: you would have to have a special corps of this, that and the other. It would be just as ridiculous, to my mind, as if you went to work and took every clerk that could run an adding machine and give him a commission, or make him a Senator, or make him a Representative because he happens to be doing valuable work in the House.

Mr. Harness. I have not had it explained to anyone why the Navy recognizes these men as a specialized group and has commissioned them.

Dr. Woods. I would like to know, too. Frankly, I share your curiosity. I have never discussed the question with Admiral McIntire, but I frankly share your curiosity.

Mr. Fenton. Have you had any experience on visual training in myopia control by the optometrists?

Dr. Woods. We have had a very recent experience on that which is an extremely interesting one.

There was an individual by the name of Bates who lived in New York some years ago who wrote a book called Perfect Sight Without Glasses, published by a company known as the Central Fixation Publishing Co. He had various and sundry ocular gymnastics that he advocated—thinking back, or reading a book from the wrong end, and various methods of sun gazing and crystal gazing which were supposed to cure myopia. He had a great cult and had a tremendous following. Finally Dr. Bates was called to his reward and his sons and daughters still stay with us.

Now, it was gradually realized by many eminent and excellent psychologists that a great deal might be done with visual training. After all, what is vision? A man gets an impression on his retina. How does he interpret it? If you can teach him to interpret that impression correctly, even though it is still a blurred image, you may help that man.

That system became rather popular. Then it was taken up by a number of psychologists, and there was a good deal of publicity about it that appeared in several magazines that have women's hats and dresses advertised—Harper's Bazaar and magazines such as that.

Last fall the Curtis Publishing Co. became interested in it through Mr. Bruce Gould. I think that he had an idea that they were missing

a bet, so he came down to the Wilmer Institute with a proposition. The Curtis Publishing Co. would gather together the leaders of this school of visual training and the Wilmer Institute would examine the patients and determine what their refraction error was and turn them over to this visual-training group who would train them for something like 3 months, at the end of which time they would be returned to us so that we could determine what had been accomplished.

There is a tremendous variation in the vision, or the visual acuity, as recorded on different types of charts. Some man will be adept at recognizing numbers and other letters. There was a very great variation in vision.

Now, at the end of the training we analyzed the figures—just recently—and they show that something like 30 percent of these men who were subjected to visual training had an increase of about 27 percent in the average visual acuity. A man might improve from 60 percent to 82 percent in visual acuity as a result.

We found that these people with improved vision, when they returned after 2 or 3 months, about 10 percent of them had maintained their improvement. We found that another 30 percent of these individuals had a very slight improvement; an improvement on some charts but not on others.

A third 30 percent showed practically no change in any way whatsoever, and the last 10 percent showed a very definite decrease in their visual acuity.

There were 13 men who had been candidates for the United States Naval Academy who were sent up for visual training, and were supposed to have been cured by this method, but when they returned 12 of them completely failed in their examination. One of them with a 20–20 vision in one eye and 20–40 in the other. The eye with defective vision came down to 20–20 and he passed his examination, so the result was that 1 out of 13 candidates passed his examination.

I have had no experience with the alleged color training, but I can imagine nothing more dangerous to a man.

Mr. Elston. As I understand your testimony, you would not consider it safe for any serviceman to have his eyes refracted by an optometrist without a subsequent examination by an ophthalmologist.

Dr. Woods. I would rather have the preliminary examination made by an ophthalmologist.

Mr. Elston. In any event, you would not want the optometrist to act alone?

Dr. Woods. I would not want the optometrist to act alone. I would regard it as entirely unsafe.

Mr. Elston. Then the same thing would be true of persons in civil life.

Dr. Woods. The same thing would be true about persons in civil life.

Mr. Elston. No person should go to an optometrist without having previously consulted an ophthalmologist.

Dr. Woods. I think that it would be much wiser procedure for a civilian, even though he wanted to go to an optometrist, from time to time periodically have his eyes examined by an ophthalmologist. I think that periodically his eyes should be checked by an ophthalmologist and that he should not rely on the optometrist.

Mr. Clason. The problem before us, as I see it, Dr. Woods, is under this head—at present there is a difference between the Army and Navy with reference to the treatment of these optometrists. They can secure commissions in the Navy but not in the Army. As far as the Army is concerned, regular doctors all receive commissions, so that their status is not at issue. The question is whether or not the Army should permit some optometrists to be commissioned.

Dr. Woods. Yes.

Mr. Clason. I understood from your previous answers to questions that you are familiar with the fact that in the Navy optometrists are able to secure commissions.

Dr. Woods. I have been told that they are. I am not connected in any way with the Bureau of Medicine and Surgery of the Navy and cannot answer the question absolutely. It is my general understanding.

Mr. Clason. Have you an opinion on the question of whether or not an optometrist should be entitled to secure commission status in either the Army or the Navy?

Dr. Woods. I have the highest respect for Admiral McIntire, but I would disagree with him radically on the point of commissioning an optometrist as a medical officer of the Navy.

Mr. Clason. You feel that if he is entitled as an optometrist to a commission status it ought not to be as a medical officer?

Dr. Woods. I think he is certainly entitled to a commission status as a technician, which I understand is already being done in the Army, but not in the Medical Corps.

Mr. Clason. Would you mind stating briefly for the record why you feel an optometrist is not entitled to the status of a medical officer?

Dr. Woods. In many cases a soldier will have something the matter with his eyes. He is totally unable to understand the difference between an optometrist and an ophthalmologist. He may have anything in the wide world wrong with his eyes, any of the various illnesses that plague mankind, and all that he can get from the optometrist is refraction, and I think that the optometrist is inadequately trained and incapable of making the proper fundamental examination of the man's eyes. I think that you could put him in a separate corps.

As this bill is set up you are going to have confusion. You are going to be carrying water on one shoulder and whisky on the other. The man will not know where to go. You are going to have confusion the minute you take the optometrist and put him in an independent corps.

Mr. Harness. I thought that Colonel Hall might throw some light on the question of how the Navy views this thing.

They have taken them in. I do not see why if the Navy takes them in the Army cannot take them in.

General Lull. The Navy does a lot of things that we do not do. They commission chiropodists in the Navy.

Mr. Harness. May I ask the author of the bill if this bill is patterned after the bill that was passed by the Congress authorizing the commission of optometrists in the Navy?

General Lull. There is no optometrical corps in the Navy. Some optometrists are commissioned in what they call the Hospital Corps.

That corresponds to our Medical Administrative Corps and includes all sorts of categories.

Mr. SHORT. There are only about 120.

Mr. DURHAM. The Navy does not commission all optometrists.

Mr. FENTON. You do not have any optometry department in Johns Hopkins?

Dr. WOODS. No, sir. Ever since I have been the director of the Wilmer Institute we have never had anyone on the staff who was an optometrist. They have never done any work at the institute at all.

The CHAIRMAN. Our next witness will be Dr. E. L. Henderson.

STATEMENT OF DR. ELMER L. HENDERSON, LOUISVILLE, KY.

Dr. HENDERSON. I am not an ophthalmologist. My name is Elmer L. Henderson. I live in Louisville, Ky. I am a graduate of the University of Louisville, medical department. I have practiced general surgery in Louisville for over 35 years with the exception of the time during World War I, when I served as a medical officer in the Medical Corps of the Army.

I am past president of my county society. I am past president of my State society—the Kentucky State Medical Association—and I am a trustee of the American Medical Association. I feel that I know the sentiment of the 185,000 doctors in this country.

We have no disagreement with this bill other than that we think it should not pass for the reason that if you are going to commission these men you will have to commission technicians, such as X-ray in surgery, in medicine, and in every other branch of medicine. If you are going to commission these men, the next thing you know there will be a bill introduced to commission X-ray technicians, social workers, medical technicians, and laboratory people. There will be no end to the commissioning of officers.

These people are doing good work in the Army as technicians, and that is where they should remain. I am sure that every man here is very familiar with the marvelous work done by the Medical Department of the Army during this war. There has been such a marked improvement over World War I. Ninety-seven men out of every hundred that are wounded today live. Why? For the reason that they are taken care of properly by the medical profession.

The Medical Corps of the Army today is made up chiefly of civilian doctors. At the beginning of this war there were only about 1,200 doctors in the Regular Army. Today there are better than 40,000. I do not know the exact number. Those men have been recruited from the civilian doctors of this country and are the men that are giving the marvelous service that is being given to our soldiers—a service superior to that given to any other nation's soldiers in the world.

I am sure that you and the fathers and mothers of the boys in the Army are thoroughly familiar with what is being done by the medical profession.

The medical profession of the Army is being administered by the Regular Army men, you might say. The Surgeon General is a Regular Army man, and his assistants and most of his commanding officers of large medical installations are Regular Army men. They are the administrators and direct the work of the civilian doctors who are doing the great portion of the professional work.

The CHAIRMAN. What reason would there be for an optometrist commissioned in the Army other than as a technician?

Dr. HENDERSON. There is no reason in the world why an optometrist should be commissioned in the Army unless you are going to commission all other technicians, and if you do that you are going to have so many commissioned officers that it will be difficult——

The CHAIRMAN. We would not have any room for privates.

Dr. HENDERSON. That is what I was going to say.

The CHAIRMAN. Suppose that a man is an optometrist or a doctor, or is in any of the professional groups that deal with public health and human beings, would you make any distinction between a man's handling of an instrument in the Signal Corps, the radar department of the Army, and the man who handles a man's eye?

Dr. HENDERSON. Well, the optometrists are not trained in medicine, and while they can correct a refraction, or an error in refraction, they cannot recognize disease conditions of the eye. There are many constitutional diseases that show up in the eyes very early. The optometrist cannot recognize these as a physician can. An opthalmologist spends 4 years in medical school after he has taken his premedical work, which is usually 3 years at least. Then he spends a rotating internship in a hospital, and then he spends at least 3 years in his training for ophthalmology. A man cannot obtain that knowledge in 2 or 3 years in any school.

The CHAIRMAN. In other words, you think that the mere refraction of the eye and the fitting of glasses is not anything other than a superficial examination of the actual condition that may exist in a man's eye.

Dr. HENDERSON. That is true.

The CHAIRMAN. You do not think the ordinary optometrist is capable of doing the whole job.

Dr. HENDERSON. The ordinary optometrist is not capable of looking into the eye and telling a diseased condition properly. He cannot tell some of the diseases that may show up in the eye, such as a brain tumor, or diabetes, or many other diseases that I might mention.

Mr. ELSTON. I fully appreciate the fact that a doctor has much greater skill than an optometrist in detecting the diseases of the eye. On the other hand, there is a vast distinction between an optometrist and some of the technicians to whom you refer. For example, an optometrist has to go to school for a certain number of years. He has to take a state examination. That is not true of all technicians.

Dr. HENDERSON. That is not true of all technicials, but it is true of some of the technicians.

Mr. ELSTON. What about X-ray technicians?

Dr. HENDERSON. Some of the States license them now just as they license physicians or optometrists.

Mr. ELSTON. But some of them do not.

Dr. HENDERSON. Some of them do not, but the time will come when all of them will. In other words, most of the technicians in the various courses of medicine have developed just in recent years—it is a recent development in the medical profession due to the fact that we do not have sufficient doctors. Technicians are doing some of the work that doctors formerly did. In other words, an X-ray technician usually takes pictures. The doctor does all the interpreting of the picture.

Mr. ELSTON. Of course, every State in the Union now, I suppose, licenses optometrists, does it not?

Dr. HENDERSON. I cannot answer that question. I do not know whether they do or not.

Mr. ELSTON. At least most of them do, and if they do that is the equivalent of a commission to practice on civilians.

Dr. HENDERSON. That is a commission to refract eyes, at least.

Mr. ELSTON. Within the limits of their ability. Do you feel there is any need for optometrists in civil life at all?

Dr. HENDERSON. Well, they are rendering a service in civil life. I think that it would be very much better if they worked with the opthalmologists as assistants and technicians, and that is being done by some.

Mr. ELSTON. The testimony here is that they are rendering some service in the Army.

Dr. HENDERSON. They can render service today as they are rendering it, under the supervision of an ophthalmologist.

Mr. ELSTON. The sole question is whether they should have commissions in the ophthalmological corps in the Army, and it is your considered judgment they should in all cases work under the supervision and direction of an ophthalmologist?

Dr. HENDERSON. Positively.

Mr. ELSTON. That would be true in civli life too, would it not?

Dr. HENDERSON. Unfortunately, it is not true in civil life.

Mr. ELSTON. I know it is not true.

Dr. HENDERSON. This body has the authority to regulate commissions in the Army, and I do not believe that any lay group should be in the position of telling the Secretary of War or the Surgeon General of the Army, "You must commission a certain group of technicians" if, in the judgment of the Surgeon General of the Army, it is not best for the enlisted personnel of the Army.

Mr. ELSTON. There is much to what you say, but on the other hand, they are saying in practically every State in the Union that you must commission an optometrist if he has the qualifications required in that State.

Dr. HENDERSON. But they are not saying that you must commission them in the United States Army.

Mr. ELSTON. But you are commissioning him to practice optometry.

Dr. HENDERSON. Yes, but I would not say you are commissioning him; you are licensing him. There is some difference.

Mr. ELSTON. It is authority either way, and they do give him authority to practice optometry without consultation with any ophthalmologist.

Dr. HENDERSON. They have that authority in most of the States. Whether that is best for the public or not is very questionable.

Mr. ELSTON. I say, whether it is best or not, it is being done.

Dr. HENDERSON. Yes.

The CHAIRMAN. We will stand adjourned until 2 o'clock this afternoon.

AFTERNOON SESSION

The committee reconvened at 2 p. m.

The CHAIRMAN. The committee will please be in order. We will proceed with the hearings on H. R. 1699, and the remaining witness

to be heard is Lt. Col. M. E. Randolph, office of the Surgeon General. Will the colonel please come around?

General LULL. Mr. Chairman, Colonel Randolph is unavoidably absent today. I have his statement, sir, and the net effect of it is simply to show his experience in inspecting a large number of eye centers of the Surgeon General's installations, to show that this service is given under the examination and supervision of ophtalmologists. It is largely corrobrative of the testimony that has gone before, so if it is agreeable we will just file it.

The CHAIRMAN. Very well.

(The statement referred to is as follows:)

STATEMENT OF LT. COL. M. ELLIOTT RANDOLPH, M. C., CHIEF OF THE EYE, EAR, NOSE, AND THROAT SECTION, VALLEY FORGE GENERAL HOSPITAL, PHOENIXVILLE, PA.

1. My name is Lt. Col. M. Elliott Randolph, Medical Corps. I am a graduate of Johns Hopkins Medical School, 1933. I was licensed to practice in the State of Maryland in 1933. I took 5 years postgraduate training in ophthalmology at the Wilmer Eye Institute of Johns Hopkins University and passed the American Board of Ophthalmology examinations in 1938. From 1938 to 1942, I practiced my specialty of ophthalmology in Baltimore. I entered the Army in September 1942. My first permanent assignment in the Army was at Amarillo Army Air Field, Tex., in February 1943, and I was assigned to the station hospital as chief of the eye, ear, nose, and throat clinic. At this clinic the refractions were done by two ophthalmologist and one optometrist, and one enlisted man who had been trained as a refractionist by the ophthalmolog st who had been at this hospital prior to my arrival. In the spring of 1943, Amarillo was designated as a basic training center, which meant an influx of a large number of draftees. About the time of the establishment of this field as a basic training center, the optometrist was transferred and shortly afterward the enlisted man trained as a refractionist was recommended by us and left for officers' candidate school. Thus realizing the potential number of refractions to be done, we decided to train as additional refractionists two intelligent enlisted men who were working in our clinic. Each ophthalmologist was responsible for the training of one enlisted man. By the end of 3 months these men were able to do competent refractions, and by the end of 6 months we were more satisfied with their work.

2. I would like to emphasize that at all times these two men were under the most rigid supervision by one of us. Each prescription was checked with an analysis of the complaint and physical findings. Drops were used only with our permission and the finding always checked by one of us.

3. I came to the office of the Surgeon General as Chief of the Ophthalmology Branch in April 1944. As part of my responsibility in carrying out my duties during my 10 months in this capacity, I officially inspected 9 general hospitals, including 5 eye centers. In each of these hospitals, as borne out by my official reports, the refractions were being done by an optometrist under the careful supervision of the ophthalmologist in charge of the clinic. On no occassion was it found necessary to alter in any way the situations in these hospitals, as far as concerned the running of the refraction clinics, since it was found that the policy laid down by the office of the Surgeon General was being followed in all cases, and that careful supervision was exercised by ophthalmologists in all cases coming within the range of my inspection. This was not a haphazard matter but was carefully done by conscientious men who had devoted their professional lives to the care and treatment of the eyes. Extensive use was being made of the optometrists or refractionists but always consistent with careful checking by the ophthalmologist, both as to prescriptions and the presence of disease.

4. The impression gained from the testimony which I have heard and read in the proceedings is that the matter of eye care with respect to prescribing glasses has been carelessly handled and has been entrusted almost exclusively to the optometrists. This is simply not the case. Optometrists have been used extensively, but within the range of my experience this has always been done under the supervision of a Medical Corps officer who has been specially trained in eye

care and in refractions. From my own experience and study in civilian life and in the Army in eye care, it is my opinion that it would be unsafe to turn over the entire eye refraction work to optometrists without the supervision and direction of Medical Corps officers who are ophthalmologists. The broader understanding and the more extensive education and training of the ophthalmologist make him far more qualified for proper eye care than the limited scope of training received under the best of education given to the optometrist. The mechanical aspects of refraction in the majority of cases as met with in the armed forces can be learned in a relatively short period of time, and the optometrist can perform this service well. In many cases a trained optometrist can detect certain conditions of disease of the eye or the freedom from disease. In the obviously clear case there may be relatively little need for further examination, but in all cases that are questionable the only safe practice is to have examinations made by the ophthalmologist, and in those cases he ought to perform the refractions as well as render other treatment of the eyes. The optometrist should always, in my opinion be subject to the supervision of the ophthalmologist who, in his judgment, depending upon the particular optometrist could be entrusted with this work to the degree deemed advisable. In my work as an ophthalmologist, I have examined a great number of cases in eye refractions, have studied extensively into the diseases and surgery pertaining to the eye, and have recently engaged in the organization of the Army center for the treatment of the blind. From this varied experience and my own training at Johns Hopkins University and elsewhere, it is inconceivable to me that the Army should establish an Optometry Corps and entrust this task of the refraction program to such a corps without medical supervision. I have much confidence in the work of many of the optometrists who have worked with me, but I would never think of turning over the conduct of this work without expert supervision. I wish to assure you that my opinion is in no way based upon economic rivalry that I have heard mentioned in this hearing. The competitive aspects of this problem, if there be such, are totally immaterial. In the Army, the Government is undertaking the task of the care of the eyes of soldiers, and the Medical Department of the Army should be organized so that eye treatment in all of its phases is under the direction of those best trained to perform that function. The assistance of the optometrists is entirely proper, but it must be under the direction of those professionally recognized as the most competent in this field.

General LULL. That leaves just one other witness to be heard, from the Air Surgeon's Office; Colonel McDonald.

The CHAIRMAN. Very well. Colonel McDonald.

Colonel MCDONALD. Thank you, Mr. Chairman.

STATEMENT OF LT. COL. PHILLIP ROBB McDONALD, CHIEF OF MEDICAL STANDARDS BRANCH, PROFESSIONAL DIVISION, OFFICE OF THE AIR SURGEON

Colonel MCDONALD. My name is Lt. Col. Phillip Robb McDonald. My position in the Army is Chief of the Physical Standards Branch, Professional Division, Office of the Air Surgeon. I graduated from McGill University Medical School, Montreal, Canada, in 1934. My ophthalmological training consists of 1 year's residency at the Royal Victoria Hospital, Montreal, Canada; 2 years' residency at the Wills Hospital, Philadelphia, Pa.; 3 years as a fellow in ophthalmology at the University of Pennsylvania. I am certified by the American Board of Ophthalmology.

My civilian appointments are chief of the refraction clinic and senior assistant surgeon, Wills Hospital, Philadelphia, Pa., and instructor of ophthalmology at the University of Pennsylvania. During my period of service in the Army of the United States I have served as Assistant Director of Research, Office of the Air Surgeon; Director of Research Ophthalmology, School of Aviation Medicine, Ran-

dolph Field, Tex.; Assistant Ophthalmologist, AAF Regional Convalescent Hospital, Miami Beach, Fla.; and Chief of the Physical Standards Branch, Professional Division, Office of the Air Surgeon.

In expressing the views on H. R. 1699 I represent the Air Surgeon who is charged with the responsibility of medical care in the Army Air Forces. The Air Surgeon carries out the medical policies of the Army as determined by the Surgeon General and maintains in the Army Air Forces a level of medical and surgical professional care which is comparable to the highest civilian standards.

At this time I would like to read the testimony of Lt. Col. J. O'Connor, M. C., executive officer, Professional Division, Office of the Air Surgeon, who has attended the previous meetings of this committee.

In my capacity as executive officer, Professional Division, Office of the Air Surgeon, I have investigated the conduct of the Eye Service at Patterson Field, Ohio, in order to correctly reply to the allegations made by Corporal McElwain, especially as to the situation that existed there previous to the assignment of Captain Cunningham whose testimony you have already heard.

Corporal McElwain has left the impression from his testimony that (1) in 1942 the officer in charge was an ENT specialist who knew nothing of eyes or lenses, (2) that there were very few or no cases refracted under "drops," and (3) that he, while totally unsupervised, examined and refracted large numbers of military personnel, both officer and enlisted, who were never seen by a medical officer.

From what I have learned by my investigation, these statements are contrary to fact and I shall answer the allegations in order.

(1) Early in 1942, the medical officer in charge of the Eye Service was Maj. B. F. Mowry. Major Mowry is an eye, ear, nose, and throat specialist, certified by the American Board of Otolaryngology, but in addition has had considerable training in ophthalmology, as well as having completed the postgraduate course in ophthalmology given by the University of Pennsylvania and studied some months under Dr. Peter and Dr. Spaeth in Philadelphia, two nationally known, distinguished ophthalmologists. Does that look like the training of a man who knows "nothing of lenses or eyes," as was alleged? Certainly not.

(2) Major Mowry emphatically states that while stationed at Patterson Field he personally performed all of the refractions that were done on officer personnel and further that all of these refractions were done under "drops" except when specifically contraindicated by preexisting disease in the eye.

(3) Major Mowry states that the opotometrist present at Patterson Field when he was Chief of the Eye Service worked under his direct supervision and he personally checked every case that the optometrist examined whenever indicated.

Following Major Mowry and just prior to the assignment of Captain Cunningham, a Capt. G. W. Seward was assigned as Chief of the Eye Service at Patterson Field; he is a qualified ophthalmologist, being certified by the American Board of Ophthalmology. I have contacted him at Paine Field, Wash., and his comments on the policy and operation of the Eye Service while he was Chief are essentially the same as Major Mowry's.

I would now like to add my own testimony concerning the physical standards as pertains to flying personnel. The Army Air Forces has long been aware of the importance of the examination and treatment of the eyes of its flying personnel. Nowhere in the armed services is good vision and normally functioning eyes as important as in those individuals who man our airplanes. As you well know, airplanes are now flying at hitherto considered impossible speeds and at altitudes considerably in excess of 6 miles. Poor vision or any disturbances of the neuromuscular mechanism of the eyes can readily result in the loss of anywhere from 1 to 40 lives, to say nothing of material valued up to one-half million dollars.

Flight surgeons and ophthalmologists are responsible for the ocular portion of all physical examinations in the Army Air Forces. It is

not enough to know just what an individual's vision or muscle balance is—the proper evaluation of his ocular efficiency is dependent upon a thorough knowledge of aviation medicine. Some of the specific problems of aviation medicine are (1) the proper selection of flying personnel, (2) the maintenance at a high level of tactical efficiency of all categories of flying personnel, (3) the multiple and diverse problems imposed by high altitude flights, such as (*a*) low oxygen tension, (*b*) high accelerative forces, and (*c*) a host of miscellaneous problems such as night vision, the effect of radiant energy, and so forth.

It is a well-known fact that physiological disturbances caused by high altitudes and rapid accelerations are first manifested in the eyes. The Army Air Forces conducts a special "Physical Examinination for Flying." This is known as the "64" examination, and it demands a most careful and thorough ocular examination. It is not felt that the optometrist lacking a medical background can be given the grave responsibility of accomplishing these "64" examinations for flying without adequate supervision by a medical officer. Army regulations presently direct that the physical examination for flying will be conducted by flight surgeons, many of whom are ophthalmologists, all of whom have completed a special course in aviation medicine at the School of Aviation Medicine, Randolph Field, Tex. No flying personnel in the Army Air Forces have attained an aeronautical rating without being examined by a flight surgeon.

The Army Air Forces concurs in the Surgeon General's policy in the utilizing of optometrists under the supervision of a medical officer who is a qualified ophthalmologist. The optometrists' services have been well utilized in the Army Air Forces as flight surgeon's assistants and as assistants to the ophthalmologists in the eye clinics of our station and regional hospitals. When this situation did not exist, it was due to the fact that the surgeon in charge was not carrying out the medical policy as determined by the Surgeon General of the Army.

Undoubtedly in the course of the war this has occurred. The vast organization with its many ramifications, meant that not only in the eye service of the Medical Department but in all other departments of the Army there were at times people doing things which others could do better. I want to emphasize, however, that this was an exceptional occurrence. It is rarely the case in the Army today. As technical assistants the optometrists are generally doing a good job, but they are not safe to handle the job alone. The character of their services is distinctly that of a technical grade noncommissioned officer. As this committee well knows, we have many highly trained specialists in technical noncommissioned grades in the Army Air Forces. If we were to commission all well educated, highly trained men working in technical grades in the Army Air Forces, whose standing is equal to or higher than that of optometrists, we would multiply the total number of officers in the Army Air Forces many times. Those individuals responsible for the maintenance of our bomb sights and radar equipment, our control-tower operators, and our weathermen, are all highly skilled and trained. One cannot single out any one group of technical assistants for commission. The many skilled technicians whose knowledge and training keep our multiengined ships flying over the vast expanses of the Pacific are no less a deserving group of technical assistants. The Army Air Forces is full of men with high technical skills,

college educated, many holding doctor of philosophy degrees, upon whose integrity the success of missions and the lives of men rest. It seems inconceivable that a minority pressure group should be able to impress the Congress of the United States sufficiently to create the thought of commissioning one group of technical assistants as a separate corps or otherwise without at the same time extending commissions to the wide range of other technical assistants equally deserving recognition. The Army Air Forces believes that all of these groups in the organization of the Army are properly rendering their services as technical assistants in noncommissioned grades. We feel this very firmly and stand definitely opposed to H. R. 1699.

I am not going to read the figures which I have appended here, which will be in the record, but I would like to say that as of December 31, 1944, there were 270 individuals in the Army Air Forces presently stationed within the continental limits of the United States whose main civilian occupation prior to entry into the service was optometry. Of this number 103 are officers and 167 noncommissioned officers and enlisted men. Perusal of the figures attached hereto on the assignment of these optometrists reveal that only 10 individuals are listed as having a nontechnical military occupational specialty. The 103 officers are all performing duties extremely important and vital to our war effort, and I doubt whether many of them would like to limit their duties to optometry even if kept in the same grade. Of the 167 noncommissioned officers and enlisted men, 139, or 83 percent, are technical assistants in the Medical Department. These figures show very conclusively that the optometrists are being utilized in military occupational specialties in which their training and technical skill is being used to advantage.

(The figures referred to are as follows:)

Subject: Optometrists assigned to the Army Air Forces in the continental limits of the United States.

1. A report pertaining to the above subject which was prepared by management control, Statistical Control Division, Army Air Forces.

a. Officers, flight and warrant officers

(1) As of December 31, 1944, there were 103 officers, flight officers, and warrant officers assigned to the Army Air Forces in the continental limits of the United States whose main civilian occupation prior to entry into the service was in optometry.

(2) The principal duties to which this personnel were assigned as of the above date are shown in the following listing:

Principal duty:	*Number assigned*
Unclassified (001)	1
Electronics officer (0141)	4
Communications officer (0200)	7
Service pilot (2-engine) (0916)	1
Controller (1014)	1
Pilot (4-engine) (1024)	4
Navigator (1034)	5
Bombardier (1035)	5
Navigator-bombardier (1038)	2
Pilot (2-engine) (1051)	17
Pilot (1-engine) (1054)	4
Fighter pilot (1-engine) (1055)	1
Fighter pilot (2-engine) (1056)	1
Pilot (B–17) (1091)	1
Pilot (B–24) (1092)	1
Pilot (WHB) (1093)	2

Principal duty—Continued	Number assigned
Adjutant (2110)	3
Administrative officer (2120)	4
Administrative inspector (2121)	1
Unit officer, nontactical (2136)	5
Flight-control officer (2159)	1
Operations officer (2161)	3
Personnel officer (2200)	1
Vocation and educational guidance officer (2235)	1
Medical registrar (2431)	1
Gunnery instructor (2554)	2
Supply officer (4000)	3
Mess, supply, and transportation officer (4113)	2
Medical supply officer (4490)	2
Ordnance officer (4512)	1
Ordnance supply officer (4530)	1
Automotive maintenance and equipment officer (4805)	1
Armament and chemical officer (4822)	1
Publications officer (5400)	1
Photographic equipment officer (7052)	1
Chemical officer (7314)	1
Safety officer, ground (7422)	1
Aeronautical engineer (7540)	1
Radar observer (7888)	1
Photogrammetrist (7910)	1
Weather officer (8219)	4
Aerial photographer officer (8052)	2
Intelligence officer (9300)	1
Total assigned	103

(3) These grades held by these officers, flight officers, and warrant officers were:

Lieutenant colonel	1
Major	5
Captain	23
First lieutenant	33
Second lieutenant	33
Flight officer	6
Warrant officer, junior grade	2
	103

b. Enlisted personnel

(1) As of December 31, 1944, there were 167 enlisted individuals assigned to the Army Air Forces in the continental limits of the United States whose main civilian occupation prior to entry into the services was in optometry.

(2) The principal duties to which this personnel were assigned as of the above date are as follows:

Principal duty: Medical Department specialties:	Number assigned
Optician (365)	88
Medical technician (409)	17
Altitude chamber technician (617)	2
Medical administrative specialist (673)	6
Medical corpsman (657)	26
Total	139

Principal duty—Continued	Number assigned
Other technical specialties:	
Enetertainment specialist (442)	1
Administrative specialist (502)	3
Bomb-sight mechanic (683)	1
Airplane and engine mechanic (747)	2
Radio mechanic, Army Air Forces (754)	2
Radio operator (756)	1
Weather observer (784)	1
Weather forecaster (787)	1
Cryptographic technician (805)	1
Radar mechanic (853)	1
Radar repairman (952)	1
Synthetic trainer operator (970)	3
Total	18
Other specialties:	
Clerk, nontypist (055)	2
Clerk typist (405)	3
Bandsman (439)	1
Basic (521)	1
Duty soldier (590)	1
Student (629)	2
Total	10
Grand total assigned	167
(3) The grades held by this personnel were as follows:	
Master sergeant	1
Technical sergeant	4
Staff sergeant	27
Sergeant	40
Corporal	50
Private first class	26
Private	19
Total	167

CLARENCE G. MUNNS,
Major, Air Corps,
Chief, Records Branch,
Personnel Division.

The CHAIRMAN. Thank you very much. Are there any questions?

Mr. JOHNSON. You commission a weather man in the Air Corps, don't you?

Colonel MCDONALD. There are some commissioned in the Air Corps, yes, sir.

Mr. JOHNSON. Many, aren't there?

Colonel MCDONALD. They are commissioned in the Air Corps but not as weather men.

Mr. JOHNSON. But they are commissioned because they are leaders in their line of work; is that right?

Colonel MCDONALD. Yes.

Mr. JOHNSON. Then you have a lot of administrative officials in the Air Corps?

Colonel MCDONALD. We have.

Mr. JOHNSON. Thousands and thousands of first and second lieutenants and captains?

Colonel MCDONALD. Yes, sir.

Mr. JOHNSON. And you have lawyers in there that are commissioned?

Colonel MCDONALD. Yes, sir.

Mr. JOHNSON. What is the objection to picking out a few good optometrists and commissioning them?

Colonel MCDONALD. As I understand it, Mr. Johnson, we are not trying to keep anybody from getting a commission. We are trying to keep from creating a special Corps of Optometry and dividing the process of who is going to examine the eyes.

Mr. JOHNSON. Let me ask you this: Is there one single individual who is an optometrist, who is commisisoned and allowed to do the very science that he is devoting his life to?

Colonel MCDONALD. Not that I know of.

Mr. JOHNSON. In other words, they are commissioned and they go into some foreign branch of work that is not connected with their past experience?

Colonel MCDONALD. It may be that it is not connected with their past experience as far as examining an eye is concerned, but it is connected with their past experience as far as optical equipment is concerned. We have some optometrists that I know that are commissioned and work in optometry equipment.

Mr. JOHNSON. By a devious method you get a commission for these men but they are certainly not allowed to use their training as optometrists for the welfare of the men, are they? They are instrument men, or they have something to do with things like that?

Colonel MCDONALD. We don't feel, though, as optometrists they are fully qualified to take complete supervision of the eye; that they are qualified to work as technical assistants. We have in the Air Corps 1,500 men now running our low-pressure chambers. You know we have these low-pressure chambers?

Mr. JOHNSON. Yes; I have seen them.

Colonel MCDONALD. Of that crowd more than half of them have bachelor of arts degrees and science degrees, and a lot of them are Ph. D.'s. We don't commission them in the Physiologist Corps. They are commissioned in the Air Corps, but we didn't establish a separate corps for them.

Mr. JOHNSON. It boils down to this, that the doctors in the Army—the ones who run the Army Medical Corps—don't have enough confidence in these men to give them a chance to do the work that they are trained for, except in a very subsidiary capacity?

Colonel MCDONALD. They are trained as refractionists and are working as refractionists under our supervision. Down at Coral Gables we had one excellent optometrist and one mediocre one.

Mr. JOHNSON. Don't you think the morale of the man would be affected if he felt he really knew how to do something useful and they would let him use it but won't let him be commissioned?

Colonel MCDONALD. He can get a commission, sir, but he can't get a commission as an optometrist. Captain Cunningham spoke this morning about how difficult it would be, in a station hospital, to have a major optometrist and a first lieutenant opthalmologist. With the Army system it just doesn't work.

Mr. JOHNSON. He made a comment upon which I wish you would comment. He intimated there that if a man was lower in rank that

he would have to give way professionally to the man higher in rank, irrespective of their particular abilities. Is that true?

The CHAIRMAN. I don't remember that he said that—regardless of qualifications.

Mr. JOHNSON. That is the way I understood his testimony.

General LULL. The reason rank is established is that the senior officer is the man who is responsible and in charge, and it could easily be that the optometrist, being promoted, would be senior to the ophthalmologist, and if that situation arose he would be the man in command.

Mr. JOHNSON. Well, tell me this, Colonel: Is it a fact that the young doctors in the Army—for example, I know a very fine bone specialist in the Army, who volunteered and went in and who was a successful doctor—now, when they have these clinics and these conferences, would he have to give way to the judgment of a lieutenant colonel, if he were only a captain?

Colonel MCDONALD. Yes, he would. He could express his own opinion but the opinion of the lieutenant colonel would prevail.

Mr. JOHNSON. In other words, the man with a rank can make determination on scientific questions involving the human lives of human beings in the Army?

Colonel MCDONALD. That is right.

The CHAIRMAN. But he possesses the other technical qualifications also, does he not?

Colonel MCDONALD. Yes.

Mr. JOHNSON. Oh, sure; but you will be frank enough to admit that the mere rank does not give a man any more adequate professional ability?

Colonel MCDONALD. Absolutely not. Of course it doesn't. I would defer to any ophthalmologist because I know nothing about it, even if he were a lieutenant. But neevrtheless it would be my judgment as a senior as to what would be done.

Mr. SHORT. The chances are that the senior officer perhaps follows the judgment of the junior officer?

General LULL. If he had any sense he would.

The CHAIRMAN. All right, I would like to ask one question here.

Colonel MCDONALD. Yes, sir.

The CHAIRMAN. Mr. Johnson's statement that there are hundreds of thousands of first and second lieutenants in the Army; those are the ones who came either out of West Point with a commission of second lieutenant, or got it in the Officers Candidate School; is that right?

Colonel MCDONALD. That is essentially correct; yes, sir.

The CHAIRMAN. And they have had the experience and the training, and the practice that enables them to hold those ranks?

Colonel MCDONALD. That is right. And optometrists can go to Officers' Candidate School. It is true that they can't practice optometry when they get through.

The CHAIRMAN. Thank you very much. That is all we have here, I think, unless there is some other witness who desires to be heard. We will close the hearings on this bill, and the Army officers present here from the Surgeon General's office may retire if they wish.

(Copy of letter from Maj. Gen. Norman T. Kirk, the Surgeon General, United States Army, and from Maj. Gen. George F. Lull, Deputy

Surgeon General, to Hon. Andrew J. May, chairman, Military Affairs Committee, is as follows:)

ARMY SERVICE FORCES,
OFFICE OF THE SURGEON GENERAL,
Washington 25, D. C., July 6, 1945.

HON. ANDREW J. MAY,
Chairman, Committee on Military Affairs,
House of Representatives, Washington, D. C.

DEAR MR. MAY: Your letter of July 3, 1945, relative to the Pharmacy Corps of the Medical Department has been received.

The act of June 12, 1943 (P. L. 130, 78th Cong.), provided for the establishment of a Pharmacy Corps in the Regular Army. The Pharmacy Corps was to consist of 72 officers in addition to those transferred from the Medical Administrative Corps of the Regular Army. Sixteen officers of this Regular Army group were pharmacists. The new officers were to be procured under such regulations and after such examinations as the Secretary of War should prescribe.

The Secretary of War promulgated rules for the expansion of the Pharmacy Corps along the same lines that exist for expansion of other corps and the Regular Army as a whole. This is in accord with existing legislation providing an upper limit for officer personnel, the method of increment, and the date for reaching this limit. A certain proportion is commissioned each year over a period of years until the total is reached. Examinations were held as intended by Public Law 130 and appoints were made in the corps. It was not contemplated that all 72 appointments in the Regular Army would be made at one time. For an integrated corps it is necessary that it be built up over a period of years so that it will have new officers coming in year by year to provide continuity of changing personnel, and distribution of ranks and seniority. This law relates only to the permanent Army and does not deal with the Army of the United States for the duration of the war.

It was not intended in Public Law 130 that every pharmacist inducted into the Army would be commissioned and the law has no such mandatory statement. The law does not deal with selectees under the draft law at all. There are many thousands of men with long experience and advanced training in their professions in various fields who are soldiers in the ranks. Among these are lawyers, teachers, engineers, scientists, and others whose civilian positions in life are outstanding. If every specialized group claimed special consideration and entitlement to commission on that basis alone we would have an Army of officers and few enlisted men. On the other hand, the door to commission is always open to any man who can qualify for officers' training and successfully pass the course in the Officer Candidate Schools. Many professional men have been commissioned through attendance at Officer Candidate Schools of the various branches and services. Since inducted pharmacists are usually assigned to the Medical Department they, along with other Medical Department troops, have had a greater opportunity to secure commissions through attendance at the Medical Administrative Corps Officer Candidate School than enlisted men in the other branches.

The pharmacy service in the Army is performed by officers and enlisted men, most of whom are in noncommissioned grades. The officers consist of Medical Administrative Corps personnel serving for the duration who are licensed pharmacists, officers of the Pharmacy Corps of the Regular Army, and Medical Corps officers. The work of preparing drugs and medicines which requires personal service is handled largely by servicemen in noncommissioned grades. About 3,000 men are engaged in pharmacy work at the present time. Approximately one-half of these are registered pharmacists. The rest are selected men trained in Army special service schools in pharmacy duties directed particularly to Army needs.

Pharmacy service in the Army differs materially from that of civilian life. Many drugs and prescriptions customarily filled in civilian life by pharmacists are provided in the Army ready for use through large scale buying under uniform standards. This is illustrated by the immense purchase of penicillin, the sulfa drugs, atabrine, and numerous items in the Medical Supply Catalog which are prepared in a form ready for immediate use by the manufacturer of the item. Because of the necessity of large scale operation and the need of immediate action in medical treatment the Army has sought to eliminate the necessity of filling individual prescriptions as far as possible. The drugs and medicines

used by the Army are standardized by the best of experts through constant research and study. Their procurement from the best drug and chemical producers of this country is conducted through one agency of the Medical Department engaged solely in this work. Medical Corps officers in the field and in the various hospitals in prescribing and administering treatment use the standardized medical supply items already prepared and issued for use under the Medical Supply Catalog number. Thus, the service of pharmacists, as such, in the compounding of drugs and medicines is reduced to a minimum in the Army. For the type of pharmaceutical services which is required in the Army, the specially selected and trained enlisted personnel who are not registered pharmacists are qualified to render proper service. Whether this work is performed by registered pharmacists or selected and trained men, its character is not such as to justify commissioned status. If all registered pharmacists engaged in this work were commissioned, it would create a large body of officers performing duties not commensurate with the position of an officer.

There is in the Medical Department of the Army and in other Army services an immense number of technical services being performed by noncommissioned technicians who would have an equal, if not higher, claim to commissioned status. Everyone performing important services in the Army which require skills and training cannot be commissioned. Pressures from various groups are constantly being exerted to expand the granting of commissions. It is not believed that the type of work in the pharmacy service in the Army justifies the commissioning of these men. The Medical Administrative Corps, which is an AUS organization for the duration of the war, affords ample opportunity to commission the pharmacists needed in commissioned status for Army service. Public Law 130 adequately provides for the need of pharmacists in the permanent Army establishment. The large number of technicians in noncommissioned grades, including pharmacists and specially trained enlisted personnel, fill the needs of the Army for pharmacy service other than that being performed by officer personnel as stated above.

Your letter upon this matter is appreciated.

Sincerely yours,

NORMAN T. KIRK,
Major General, United States Army,
The Surgeon General.

ARMY SERVICE FORCES,
OFFICE OF THE SURGEON GENERAL,
Washington 25, D. C. July 10, 1945.

Hon. ANDREW J. MAY,
Chairman, Military Affairs Committee,
House of Representatives, Washington, D. C.

DEAR MR. MAY: In response to your telephone request of yesterday, H. R. 1699 has been considered by me and others in the office of the Surgeon General with the view to determine, if possible, an amendment which would make the bill acceptable, assuming Congress should decide to pass a bill in face of the definite opposition of the War Department. It is not possible, in my opinion, to provide such an amendment.

According to the views expressed by those indicating favor to the bill on the Military Affairs Committee and by the witnesses supporting it, the bill was designed to provide recognition to optometrists who were drafted into the Army and who have been or could become engaged in the work of refraction of eyes. The bill in no way carries out this alleged purpose.

In the first place, it does not deal with the personnel in the Army for the duration of this war and 6 months, but relates essentially to the United States Regular Army. The bill fails to take into account the distinction between officers of the Army of the United States, who are designated as "AUS" officers, and officers of the Regular Army. The bill as drawn creates an Optometry Corps in the Medical Department of the United States Army and relates primarily to the permanent Army. It is basically in the form of postwar legislation. The bill fails also to take into account the fact that in the Regular Army in the peacetime period over which this bill will operate, the Army has not used optometrists in any capacity, as enlisted men or otherwise. In the permanent Army structure operating in peacetime, all refractions are performed by Medical Corps officers who are trained in ophthalmology. It has been only during the period

of the war that it has been necessary to use optometrists at all. Therefore, if the bill is passed in its present form, it would create in the Regular Army, which is the permanent Military Establishment, an Optometry Corps when optometrists have never been used in any capacity before.

If this bill is desired to recognize optometrists who have been drafted and are performing the services of optometry while they are in the service for the duration of the war, it should be in an entirely different form. The bill would also saddle on the Regular Army in its long-time structure an Optometry Corps for which it would have no use whatsoever. The bill is also opposed to the War Department policy against passing legislation at this time pertaining to the organization of the postwar Army, that is, the Regular Army. The War Department has regarded it a wise policy to consider the Regular Army and postwar plans in over-all postwar legislation rather than by piecemeal.

Much was said in the hearings about the fact that the Navy had commissioned optometrists as hospital specialists. It should be pointed out that the commissioning by the Navy was for the duration of the war and 6 months only and that the optometrists were not included as a part of the USN, which is the permanent Navy, corresponding to the Regular Army.

There is no way in which an amendment to H. R. 1699 can be made which will be suitable to the Secretary of War and to the Surgeon General. Furthermore, the bill totally fails to meet the need which its proponents claim. From the standpoint of efficient organization of eye care in the Army, this legislation, establishing two separate corps within the Army to deal with eye care, creates an impossible administrative situation.

If Congress desires to enact legislation in direct opposition to the War Department and the Surgeon General in order to reward the special class or group of optometrists drafted into the Army for the duration of the war and 6 months, by giving them commissions, a totally different bill should be drawn. Such a bill might provide for the commissioning of optometrists in the grade of second lieutenant in the Medical Administrative Corps, with a provision for promotions, and for the assignment of such officers to refraction work in the Medical Department of the Army. It could provide also that those officers with proper qualifications now in the Medical Administrative Corps or other corps of the Army shall be assigned to refraction work in the Medical Department upon their request, unless there was an urgent need for them in their specialized training in their present assignments, such as lens work with Ordnance. Legislation of this type, if applied to the Army of the United States (AUS), as distinguished from the Regular United States Army (USA), would cause the commissioning of the optometrists available for use and needed in the Medical Department in refraction work. Such legislation would expire at the duration of the war, after which time there will be no need for optometrists, as the entire care of the eyes, including refractions, in the Regular Army is provided by the Medical Corps officers trained in ophthalmology. It is in this manner that the Navy has commissioned a limited number of optometrists for use in refraction work. The Navy has commissioned no optometrists as a part of the USN, nor have they establish an optometry corps. Optometrists are commissioned only as hospital specialists under temporary wartime appointment.

In giving the comments upon the bill as set out above, I have attempted to comply with your request to furnish further information concerning H. R. 1699. However, I wish to restate that the Secretary of War and the Surgeon General are definitely opposed to any legislation granting commissions to optometrists upon the basis of their service in the refraction of eyes. I is indeed hoped that he committee will see fit not to return a bill upon this subject.

Sincerely yours,

GEORGE F. LULL,
Major General, United States Army,
Deputy Surgeon General.

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